A Course of Lectures

ON CERTAIN DISORDERS OF

THE BRAIN & NERVOUS SYSTEM,

WITH SPECIAL REFERENCE TO THE

CHANGES IN OPINION AND PRACTICE WHICH RESULT FROM RECENT RESEARCHES IN PHYSIOLOGY AND PATHOLOGY,

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LECTURE VIII.

IV. ON PAIN.

1. ON THE PATHOLOGY OF PAIN.

(1) ON THE PATHOLOGY OF PAIN AS DEDUCED FROM THE CONDITION OF THE CIRCULATION.

114. *Instead of being connected with a state of febrile or inflammatory excitement, there is reason to believe that pain is connected with a depressed condition of the circulation.*

When rheumatic fever is fully developed the patient is generally emancipated from the rheumatic pains which had been torturing him for days, or weeks, or even months previously. The inflamed joints are then *tender* enough, but that is all. Or if it be otherwise, the pains will generally be found to be in a part in which there are as yet no signs of rheumatic inflammation, or else at a time when there is a decided remission of all true feverish symptoms—an event which happens not unfrequently in this disorder.

It is also difficult to look upon the local inflammation as essential to the existence of the racking pain of gout. "About two o'clock in the morning," says Sydenham, "the patient is awakened by a severe pain in the great toe, or, more rarely, in the heel, ankle, or instep. This pain is like that of a dislocation, and yet the parts feel as if cold water were being poured over them. Then follow chills and shiverings, and a little fever. The pain, which was at first moderate, becomes more intense; and with its intensity the chills and shivers increase." After tossing about in agony for four or five hours, often till near daybreak, the patient suddenly finds relief, and falls asleep. Up to this time the only visible change in the tortured joint is some fulness in the veins; on waking in the morning, the part has become swollen, shining, red, tender in the extreme, and more or less painful, but this painfulness is as nothing when compared with the torture of the night past. It seems, indeed, as if the pain which now exists must be referred to the mere tension and stretching of the inflamed ligaments, for it may be relieved, or even removed, by judiciously applying support to the toe and to the sole of the foot. On the night following, and not unfrequently for the next three or four nights, the sharp pain in all probability returns, reappearing and disappearing suddenly or almost suddenly, and resulting in the discovery of additional inflammatory swelling upon awaking in the morning. The pain in these relapses, like the primary pain, is accompanied by chills and shivers, and by the most distressing irritability and excitability, but until unequivocal signs of inflammation are developed in it the painful part is not tender in the full sense of the word. The inflammation is attended by no fever, or by very little; or if it be otherwise, as it is occasionally, the inflammation runs nigher than usual, *and the characteristic pain is less urgent than usual.* Dr. Garrod points out this latter fact in his excellent work on Gout, and says that he has seen several illustrations of it. From its history, then, it would seem as if the inflammation of gout were not essential to the pain of gout. It would seem as if the pain went hand in hand with the rigors which are preliminary to the development of the inflammation. It would even seem as if the inflammation had little to do with the pain, for, if it were otherwise, it is scarcely to be supposed that the pain should be least urgent in the cases of gout in which the inflammation is most marked, and that the unequivocal signs of inflammation should make their appearance during sleep without waking the patient. Moreover, the suddenness with which the pain begins and ends in the majority of cases must be looked upon as a reason for referring the pain to the category of neuralgias rather than to that of inflammations—to a category, that is to say, into which, by common consent, anything inflammatory is, as a rule, rigorously refused admission.

There is also reason to believe that pain holds the same relation to fever or inflammation in other kinds of fever besides the rheumatic, and in other kinds of inflammation besides the gouty.

A few days ago I saw a patient in the Westminster Hospital who complained of violent pains all over the body, especially in the back and loins, and also of chills and shivers. A few hours afterwards he was hot and feverish, and the pains and chills and shivers had all taken their departure. The case was one of small-pox; and the lesson it conveyed to my mind was that the pains and the rigors were symptoms which ought to be classed together, and considered as belonging to the cold and not to the hot stage of the fever. And this case would seem to be a fair illustration of what happens in other fevers; for it seems to be the rule rather than the exception for the pains which attend upon the onset of these disorders to pass away or to become greatly mitigated when the cold stage gives place to the hot stage. Nay, it would even seem as if pain must give place for the time to the feverishness produced by exercise. At any rate, I have more than once felt tic douloureux pass away as soon as I could set my blood fairly in motion by violent bodily exercise; and on two occasions I have derived a similar benefit from a practice which is not unfrequently adopted in the hunting-field, and put an end summarily to a sudden attack of lumbago by leaning forwards in the saddle and beating the loins with the two hands until the whole body was aglow and the perspiration dropped from the forehead.

Nor is it different with inflammation. In the case of a dislocation or sprain, for example, the acute pain of the accident—the pain to which Sydenham likens that of gout—does not, as a rule, remain after the parts have begun to be hot and swollen and tender; and this case is certainly no exception in the history of inflammation. It would seem, in fact, as if the proper place for the pain was among the phenomena of the preliminary cold stage, or of the stage of "shock," and not among the phenomena of actual inflammation. And it is not impossible that the efficacy of blisters in the relief of many kinds of pain may furnish another passage in a similar story; for it is a fact which is as well established as any fact in therapeutics, that blisters are most effectual means of relieving pain, and that this relief is usually coincident with the blistering—that is, with the inflammation set up by these agents. Nor is a contrary conclusion to be drawn from the history of certain cases in which pain continues as a permanent symptom after the full establishment of inflammation, as, for example, in deep-seated inflammation of the mamma in the female, in orchitis, and in inflammation of the hip-joint; for in these cases it is a fact that this persistent pain is immediately relieved or removed by means which diminish the tension or stretching arising directly or indirectly from the inflammation. It is a fact, that is to say, that the persistent pain in these cases is an accidental and not an essential accompaniment of the inflammation—a consequence, as I have just said, of tension or stretching of the tissues, and not a necessary part of the inflammation itself.

How far these inferences will be confirmed or set aside by the histories of those forms of pain in which the nervous system is more especially implicated, remains to be seen; but so far there seems to be good reason for believing that pain is connected with a depressed state of the circulation rather than with the opposite state of febrile or inflammatory excitement.

(2) ON THE PATHOLOGY OF PAIN AS DEDUCED FROM THE CONDITION OF THE RESPIRATION.

115. *The condition of the respiration during pain sheds no certain light upon the pathology of pain.*

One or two facts might be cited here, which tend to show that deficient respiratory action is favourable to the production of pain; but these facts are of somewhat uncertain significance, and therefore I will not waste the little time at my disposal in dwelling upon them. One thing however is plain, and that is, that the respiration cannot be over-active during pain if the circulation during pain be in the condition in which it has just been represented as being.

(3) ON THE PATHOLOGY OF PAIN AS DEDUCED FROM THE CONDITION OF THE FUNCTION OF INNERVATION DURING PAIN.

116. *Instead of being connected with an excited condition of the function of innervation, there is reason to believe that pain is connected with a depressed condition of this function.*

About thirteen or fourteen years ago I had an opportunity of becoming acquainted in my own person with the history of facial neuralgia or tic doloreux. At that time I was anything but strong and well, and the pain, so long as it lasted, did not tend to improve my condition, for it took away my appetite, and kept me awake at night. For the first two or three days after the commencement of an attack the painful part of the cheek would admit of pressure, and the face was pale and perspiring. I was dejected also, and troubled with frequent chills and shivers. On the third or fourth day the painful cheek would become swollen, hot, and tender; a state of general feverish reaction would be developed; and contemporaneously with these changes the true neuralgic pain would come to an end. I had abundant opportunity for knowing that this was the true order of these changes: first, neuralgia without local tenderness and swelling and redness, and with frequent chills and shivers, and a decidedly depressed condition of the circulation; and, afterwards, local tenderness, redness and swelling, and general feverish reaction, without chills and shivers, and without neuralgia. I also find that my own experience in this matter is the exact counterpart of the experience of several patients who have come under my notice at different times.

It is also the rule rather than the exception for the severe pain of toothache to come to an end when the face becomes swollen and inflamed; and it does not seem to be otherwise with the stabbing pains which so generally precede the inflammatory eruption of herpes, for these pains scarcely ever remain after this eruption is fully developed. Nay, I can call to mind three cases of sciatica in which the relief of the neuralgic pain was coincident with the development of tenderness at one or more points in the course of the painful nerve, and in which, after this change, the patient was comparatively free from pain so long as the lame limb was kept still and let alone.

With respect to neuralgia in all its manifold forms one thing is certain, and this is, that neuritis is not necessary to its production. All are agreed upon this point; but all are not agreed upon the next point—namely this, that severe pain is not a necessary accompaniment of inflammation of the nervous centres or nerves.

Pain certainly is no very conspicuous symptom in the common form of cerebral meningitis—that is, in the tubercular form; and in simple meningitis there is reason to believe that any severe pain in the head is the precursor of, rather than the attendant upon, the actual inflammation. Two days ago I saw a well-marked case of acute simple meningitis in a boy aged fifteen. Early in the afternoon when I first saw him, my patient complained of agonizing pain in the head, with frequent chills and shivers; and at this time his face was pale and perspiring, his ears and his head generally somewhat below the natural temperature, his pupils somewhat dilated, and his pulse contracted and feeble. In the evening, when I saw him a second time, his face was flushed, his head glowing, his pupils contracted, his eyes ferrety, his skin hot and dry, his pulse strong and excited, and *fierce delirium had taken the place of the pain.* And this, so far as my own experience goes, is the regular course of this disorder. It is pain ceasing, not beginning, when the symptoms of active determination of blood to the brain make their appearance. It is pain in association with a state of actual anæmia of the brain, rather than with anything like active hyperæmia of this organ.

About two years ago I had in the Westminster Hospital a case in which after death the meninges of the lower half of the spinal cord presented unmistakable signs of recent inflammation. In this case there was considerable tenderness when the lumbar spinal processes were pressed upon; and much pain was produced when a sponge wrung out of hot water was applied to the same part. There were also occasional paroxysms of severe pain in the back and lower part of the belly; but these were not conspicuous phenomena. These paroxysms began suddenly and ended suddenly, like paroxysms of neuralgia; and the impression they gave me at the time was that they had more to do with neuralgia than with inflammation; and this the more, seeing that the patient confessed to feeling chills and shivers, and to being "very low" when they were present. I have also seen other cases which lead me to believe that this was none other than the common history of spinal meningitis with respect to the symptom of pain; and I know of no published cases which contradict this conclusion.

I cannot appeal to my own experience for a well-marked case of neuritis, but I may perhaps be permitted to refer to the three cases of sciatica already mentioned for an illustration which is better than none. In these cases, the extreme local tenderness, with some degree of swelling, seemed to show that neuritis was developed in the course of the sciatica, and yet there was no increase of pain. On the contrary, the simple fact was, that the severe sciatica which had existed for some time previously was at an end when the swelling and tenderness gave evidence of the establishment of inflammation in the course of the sciatic nerve. I believe also that this will be found to be the history of neuritis when this history is recorded by persons who do not assume that pain is a necessary part of the inflammation.

In cases, then, in which the nervous system is especially implicated there is little reason to believe that pain is in itself a sign of inflammatory excitement in the system. On the contrary, the general tenor of the evidence would seem to show that pain implies a condition of the nervous system which is altogether opposed to such excitement.

117. THE CONCLUSION FROM THE PREVIOUS CONSIDERATIONS IS, THAT PAIN HAS TO DO WITH A STATE OF SYSTEM WHICH IS THE REVERSE OF FEBRILE OR INFLAMMATORY EXCITEMENT. IT IS—THAT THE PATHOLOGY OF PAIN AGREES IN ALL ESSENTIAL PARTICULARS WITH THE PATHOLOGY OF TREMOR, CONVULSION, AND SPASM. IT IS PRECISELY THAT WHICH ACCORDS WITH THE PREVIOUS CONCLUSIONS RESPECTING THE PHYSIOLOGY OF SENSATION AND MUSCULAR MOTION; FOR THESE CONCLUSIONS GO TO SHOW, NOT ONLY THAT SENSATION AND MUSCULAR CONTRACTION ARE BROUGHT ABOUT BY A PHYSICAL PROCESS, BUT ALSO THAT THIS PROCESS IMPLIES VITAL EXHAUSTION, AND NOT VITAL STIMULATION.

2. ON THE THERAPEUTICS OF PAIN.

A hint and a general statement must here suffice, for I have left myself no time for more.

118. *The avoidance of damp and cold appears to be of paramount importance in the treatment of some kinds of pain, if not of all kinds.*

The investigations of Ahrens and Nasse, to which I have referred in a former lecture (¶ 5), show that the natural electroscopic evidences of electricity become obscure or altogether wanting during rheumatic fever; and, showing this, they afford some reason for believing that the electrical condition of the exterior and interior of the nerves at the seat of pain may be reversed in the way in which it is found to be reversed during the "state of irritation" (¶ 90), for it has been seen that this reversal is apt to be brought about when the natural electricity of the nerves is very feeble (¶ 3). Hence it is not difficult to see that cold may be favourable to the production of pain by preventing the development of electricity in the superficial nerves, for the development of the electricity appears to be in direct relation to the activity of the cutaneous circulation (¶ 39); and that damp may greatly aid in bringing about the same result, for damp must favour the conduction of electricity away from the body. And if so, then it follows as a natural consequence that warmth and dryness will be in the highest degree beneficial in the treatment of rheumatic and other pains, and that flannel, cotton wool, silk, resinous plasters, and other non-conductors, applied to the painful part, may do all the good which is ascribed to them by general consent.

119. THERE IS REASON TO BELIEVE THAT PAIN MUST BE TREATED UPON THE SAME GENERAL PRINCIPLES AS THOSE WHICH HAVE BEEN PROPOSED AS NECESSARY IN THE TREATMENT OF MORBID MUSCULAR CONTRACTION—TREMOR, CONVULSION, AND SPASM.

All the physiological and pathological premises lead to this conclusion; and this conclusion, so far as I am able to judge by my own experience and that of others, is not contradicted by the results of putting it in practice. On the contrary, I have no hesitation in asserting—and I hope before long to have an opportunity of enforcing this statement by the narration of particular cases—that pain in all its multifarious forms becomes less unmanageable when, instead of looking upon it as an evidence of a congested or inflammatory disposition which requires a sedative plan of treatment, it is looked upon as a reason for supplying a weak nervous system with appropriate nutrients, such as oily articles of food and medicine, with phosphorus in various forms, and for upholding and rousing the vital powers in general and the nerve-power in particular by a stimulant plan of treatment, in which alcoholic drinks and ethers and phosphorus in suitable doses figure most conspicuously. In the management of special cases, no doubt, many special indications have

to be attended to; but, so far as I know, none of these cases is calculated to raise a doubt as to the correctness of the general principle that pain is to be looked upon as a call for a stimulating and not for a sedative plan of treatment; and certainly no such doubt is raised by the action of sedative doses of such remedies as opium or belladonna in the relief of pain; for it is cutting the Gordian knot instead of untying it, to get rid of the pain by paralysing, either at the centre or at the periphery, the parts concerned in sensation.

V. ON PARALYSIS IN CERTAIN ASPECTS.

1. ON CERTAIN QUESTIONS RELATING TO THE PATHOLOGY OF PARALYSIS.

120. *The fact that the paralysed parts are the seat of certain morbid muscular contractions, as twitchings, cramps, convulsions, and so on, is no certain proof that the paralysing lesion is of a congestive or inflammatory character, but rather an argument to the contrary.*

All that has been said in these lectures hitherto upon the physiology and pathology of muscular motion is confirmatory of this statement: and I know of nothing in the history of paralysis which is in contradiction, except the mere assertion that morbid muscular movements are signs of exalted functional activity in some part of the nervous system, and that there *must* be hyperæmia in this part to account for this exaltation.

121. *The fact that the paralysed parts are the seat of certain morbid sensations, as pain, formication, itching, pricking, coldness, heat, weight, tightness, and so on, is no certain proof that the paralysing lesion is of a congestive or inflammatory character, but rather an argument to the contrary.*

In the remarks on the pathology of pain it has been seen very plainly that pain is related to a state of anæmia rather than to a state of hyperæmia; and, so far as I know, there is nothing in the clinical history of paralysis to militate against this conclusion. And what is true of pain may, I think, be fairly assumed to be true also of all sensations which are in any degree analogous to pain.

122. *The fact that the paralysed parts are free from all morbid muscular contractions and all morbid sensations is no certain proof that the paralysing lesion is not of a congestive or inflammatory character.*

The whole tenor of the previous evidence goes to show that morbid muscular contractions and painful sensations point to a "state of irritation" preceding active congestion and inflammation, and not to a state of actual congestion and inflammation—to an anæmic rather than to a hyperæmic condition. It goes to show, in fact, that the morbid contractions and sensations which accompany the "state of irritation" are, as a rule, at an end when this state issues in active congestion or inflammation; and here, also, so far as I know, there is nothing in the clinical history of paralysis to set aside this conclusion.

123. *"Late rigidity," or that kind of rigidity into which paralysed muscles pass eventually, and which is a permanent and not a transitory phenomenon, would appear to have some close analogies to rigor mortis.*

In his writings on paralysis, the late Dr. Todd spoke of "early rigidity" and "late rigidity" as accompaniments of paralysis. "Early rigidity" is evidently a form of spasm. As its name implies, it happens at an early stage of the disorder, and, like spasm, it has to be referred to some "state of irritation" in some part of the nervous system. It only happens now and then, and it may pass off. "Late rigidity" is quite different. It is the invariable consequence of uncured paralysis if the patient live long enough. It comes on equally whether "early rigidity" have been present or absent; and it never ends in relaxation. It does not commence until the paralysed muscles have wasted considerably; it is established by slow degrees, and, when it is perfect, the contracted and wasted muscles have altogether ceased to respond to the action of galvanism. Dr. Todd accounts for this form of contraction in this manner: "At the seat of the original lesion, whether it is simply a white softening or an apoplectic clot, or a red softening, with more or less destruction of brain-substance, there takes place an attempt at cicatrization more or less perfect. Attendant on this there is a gradual shrinking or contraction of the cerebral matter, which, acting on the neighbouring healthy tissue, keeps up a slow and lingering irritation, which is propagated to the muscles, and excites in them a corresponding gradual contraction, while at the same time their nutrition becomes seriously impaired by the want of proper exercise, and by the general depressing influence of the lesion." Thus wrote Dr. Todd. As it seems to me, however, a much more easy explanation of "late rigidity" is that which is supplied by the view of muscular motion set forth in these Lectures—namely this, that the muscles have lost their innate electricity and vitality when the rigidity comes on, and that they contract and remain contracted in consequence of this loss—a view in which the aid of "irritation" is altogether dispensed with, for according to it "late rigidity" is the anticipation of rigor mortis—*rigor mortis in vitâ*, and nothing less or more.

124. *An increased disposition to reflex movement is no proof that the paralysing lesion is of a congestive or inflammatory character, but rather an argument to the contrary.*

The cases of paraplegia in which the legs exhibit a marked disposition to reflex movements, so far as my experience goes, are precisely those cases in which the most careful examination fails to find in any part of the spine any of the tenderness which may be supposed to indicate a congestive or inflammatory condition of the subjacent cord. I have notes of three remarkable cases which illustrate this point in the clearest manner; and I have also notes of several cases of paraplegia, most of them of no long standing, in which distressing tenderness in some part of the spinal cord was associated with decided diminution or actual annihilation of all reflex movements in the legs. Judging from what I myself have observed, it would seem not only that a congestive or inflammatory condition of the cord was *not* necessary to the production of increased reflex movements, but that such a condition had a positive influence in counteracting such movements. As in the case of the frog whose spinal cord has been cut across, so in those cases, the essential condition in the production of increased reflex movements would seem to be the isolation of the parts in which the movements are manifested from the great cranial nervous centres by the damage done to the cord as a conductor; and this condition is certainly the one which will fulfil all the requirements of that theory of muscular motion which is set forth in these lectures.

125. *The fact that paralysis is absent in some cases in which the conductors of nervous influence are disorganized in a certain part of their course is not altogether unintelligible.*

I have lately had in the Westminster Hospital two very remarkable cases in which a part of the spinal cord was diffluent (as like as possible to ordinary cream), and yet the state of paralysis and loss of sensibility were by no means so great as might have been expected in the parts below the lesion; and cases of this kind are, I believe, by no means uncommon. How, then, is this? Is the explanation to be found in the experiments of Humboldt which were cited in the first lecture (¶ 5)—experiments which show that nervous influence may act across an actual gap in the nerve-texture? This is a question which seems to demand an answer in the affirmative rather than in the negative; for if nervous influence can act as it is seen to do in these experiments, it is not difficult to believe that it may also act in a case where the place of an actual gap is filled up with altered or disorganized nerve-tissue.

2. ON THE THERAPEUTICS OF PARALYSIS.

If the preceding conclusions be correct, it follows that sundry changes will be necessary in this department of therapeutics. It will be necessary, for example, to reconsider the rules which have been laid down for the use of strychnia and belladonna in paralytic disorders. Upon these points, however, and upon many others which I have been obliged to pass by in silence, I leave my hearers to form their own inferences, for I have already exhausted the time allotted to me.

In bringing this course of Lectures to a close, I have to thank you, Mr. President, for the great honour you have done me by your presence at every Lecture. I never expected such an honour: I cannot have deserved it. I have, also, to offer my thanks to all my hearers for their attendance, and for the indulgence which they have extended to my many shortcomings—shortcomings of which no one here is more sensible than I am myself.

LADIES' SANITARY ASSOCIATION.—A meeting of this Association was held on Monday, at the College, 5, Cavendish-square. Dr. Lankester, the chairman, opened the proceedings by referring to the case of Mary Ann Walkley; and was followed by Dr. Richardson, who delivered a lecture on various trades and professions considered from a sanitary point of view. Having commented on the diseases produced by overwork and the deficiency of food or air, he concluded by saying that the person who overworked himself was a suicide, and the capitalist who overtasked him for the sake of gain was nothing less than a homicide.

ON A CASE OF OVARIAN DISEASE;

OVARIOTOMY; RECOVERY.

BY C. BLACK, M.D. LOND., F.R.C.S., &c.

OVARIOTOMY has still its advocates and its opponents. By some it is warmly supported; by others it is as strongly condemned. It therefore occupies as yet a probationary position in reference to operations which have received the common consent of the profession. It is, then, to data that we must look to determine whether or not it shall become an acknowledged and justifiable operation in surgery. These ought to be correct, otherwise the premisses will be false, and the deductions will necessarily be erroneous. The data of ovariotomy cannot be correct unless they include both the successful and the unsuccessful cases. It is to be feared, from the late testimony of Dr. Lee, that some of the unsuccessful cases have not been recorded, and that the operation has in consequence received an amount of statistical support which facts do not altogether justify. Notwithstanding the truth of this statement, the number of both successful and unsuccessful cases which have been recorded is now sufficiently great to enable us to approximate at least to a true per-centage of the success of the operation. This, it must be admitted, is equal to that of some of the greater operations of surgery, of the propriety of performing which there is no longer any doubt or hesitation in the profession. A fact thus encouraging will receive additional support by the relation of the following interesting case, which has just occurred in my practice.

History.—M. C——, aged thirty-five, married, of nervo-bilio-lymphatic temperament, ten years ago felt, for the first time, a "twisting pain" in the left inguinal region in walking. This was accompanied by a sensation of fulness at that part. The general health was at the time good, and menstruation regular. The pain and sensation of fulness were intermittent for the first twelve months, when a manifest enlargement of the lower part of the abdomen was detected. This enlargement could not be referred to either side. Hitherto medical assistance had not been sought; but shortly afterwards the medical attendant of the patient was consulted, and he, on examination, pronounced the disease to be ovarian. Preparations of iodine were now administered for a period of some months, notwithstanding which the abdomen continued to enlarge. The health during this time began to fail: she lost flesh, strength, appetite, and became pale. Menstruation, however, was regular, and was not in the slightest degree influenced as to time or quantity of discharge. After taking iodine for a period of nearly twelve months, she discontinued its use, and shortly afterwards regained flesh, strength, and colour. A little more than two years after the commencement of the disease she consulted Dr. Clay, of Manchester, with the view of undergoing ovariotomy. That physician did not consider the case sufficiently advanced to justify operative interference; she consequently returned to her home, sadly disappointed that her wish for immediate extirpation could not be gratified. For the next four years no kind of treatment was pursued: the abdomen continued to enlarge; the general health remained good; and menstruation was regular until August, 1858, about which time she became pregnant. In April, 1859, she again consulted Dr. Clay, who tapped her, and in the following month delivered her of a fine male child. Pregnancy prevented the operation of ovariotomy, to which he would otherwise have submitted her at this time. After the birth of her infant she was rather disinclined to undergo the operation for several years. The consideration of it was consequently deferred until the latter end of last year, when I was consulted respecting it. After careful examination, I decided that the case was favourable for operation. Her general health was good, the nutrition of the body active, and menstruation regular. She, however, wished to postpone ovariotomy until the spring of the present year; and this was accordingly done. The enlargement of the abdomen had, in the mean time, progressed slowly but steadily, until her life, as she expressed herself, "had become a burden to her." The day of operation was fixed for the 14th of May last. This date was purposely selected as being about a fortnight before her next menstrual period, and consequently the time at which there would be the least excitement in the ovaries. For a week before the day of operation she took a mixture containing the acetate of ammonia, with a view to increase the capillary circulation of the skin, and thus to provide against internal congestion. Twice during that week a gentle aperient of grey powder and ox-gall was administered, and its action was favoured by a warm water enema. The latter aperient was given two days before the operation.

Operation.—The patient's apartment was made very warm by a good fire, but the temperature was not noted, nor did I think it necessary to impregnate the air of the room with the vapour of hot water, as is advised by some operators. Flannels and hot water were, however, kept in readiness to cover any coil of bowel which might be unduly exposed during the operation. Chloroform having been administered very slowly until the patient was fairly under its influence, an incision, commencing an inch below the umbilicus, was made along the median line to the extent of six inches. The linea alba was divided to the same extent, and the abdomen was then carefully opened by a small incision near the lowest part of the wound. This incision was subsequently enlarged to the extent of the outer wound, and through it the distended ovarian sac alone was to be seen. The left hand was carefully passed over the surface of the tumour in search of adhesions, but none could be found. The cyst was now penetrated by a trocar, care being taken to avoid the large bloodvessels which meandered very freely over the surface of the tumour. The flow through the canula was occasionally interrupted, to avoid the danger which sometimes occurs from the too sudden removal of the pressure in such cases. External pressure was likewise made upon the abdomen as the fluid was drawn off. On removing the canula the opening made into the cyst was firmly secured by stitches, in order that not a drop of fluid should have the possible chance of escaping into the peritoneal cavity during the withdrawal of the sac from the abdomen. With the same object in view the wound of the abdominal walls, from the site of the canula downwards, was covered with fine, soft sponges during the emptying of the sac. These precautions had the desired effect. Not a drop of fluid entered the peritoneal cavity during any part of the operation. For this result, for the management of the chloroform, and for other assistance, I am indebted to my friends Messrs. Jones, Smith, Booth, and Thorpe, who kindly aided me on the occasion. After securing the opening of the sac the latter was pulled through the wound, and the pedicle secured by a clamp. The pedicle was then divided about half an inch on the tumour side of the clamp. The sac and contents thus removed weighed thirty-five pounds. It was unilocular, and had not acquired any adhesions. The edges of the wound were brought together by silver-wire sutures, at half-inch distances. The lowest suture was placed as close as possible to the clamp, in order that the latter might have a greater bearing upon the abdominal walls, and that the dragging sensation which it sometimes produces might thus be prevented. The abdominal walls were further supported by several strips of adhesive plaster, and by a few circles of a calico bandage, four inches wide. The patient, who became conscious during the closing of the wound, was now placed in bed, and fomentations, consisting of the decoction of elder flowers, poppy capsules, and chamomiles, were immediately applied to the abdomen. A good fire was kept burning, a current of fresh air was constantly admitted into the room, and the window was shaded. A bottle of hot water was applied to the feet. The pulse was at this time (one o'clock P.M.) 100, regular, and of good strength; the breathing natural. By-and-by a cup of warm tea was administered. For three hours the fomentations were assiduously applied. The pulse had now fallen to 80, and the skin was beginning to perspire. She complained only of a smarting along the line of incision. The clamp produced no uneasiness whatever. She occasionally felt sick, which she ascribed to the chloroform. A hot linseed-dust poultice was now to be applied to the abdomen, and to be retained whilst it remained warm, after which it was to be removed, and the fomentations were then to be re-applied for half an hour, and to be followed by the application of another poultice.

Seven P.M.—Abdomen generally easy, except a feeling of soreness across its lower part; countenance cheerful; pulse 96, full and regular; skin hot and gently perspiring; says that the fomentations soothe her very much; occasional nausea with

eructations which taste of chloroform, of which she complains. To continue alternate fomentations and poultices; to have a little milk and groat gruel, mixed in equal proportions.

Ten P.M.—A mere soreness of the abdomen is felt. Occasionally, however, a rather sharp pain in the right hip-joint is felt, which shifts to different parts of the abdomen. Pulse 110, full and strong; skin hot, but moist. Has frequently felt sick. Whilst present the feeling of sickness returned, immediately after which she vomited for the first time since the operation. The vomit consisted of mucus, with a little of the milk and gruel previously taken. This gave great relief. As the bladder had not been evacuated, the catheter was introduced, and eight ounces of bright, straw-coloured urine were drawn off. The fomentations and poultice to be continued through the night; to have a little boiled milk for food, and tea and barley-water to drink; to take every second hour a draught composed of two drachms of solution of the acetate of ammonia, one-sixteenth of a grain of tartar emetic, and twenty drops of the spirit of nitric ether. The admission of fresh air to be continued, and the fire to be kept burning during the night.

May 15th.—Seven A.M.: Has passed a very comfortable night; has slept at intervals, one sleep lasting nearly two hours. Vomited twice during the night; the former vomit consisted of glairy mucus, the latter of bile. Abdomen easy; flying pains still commence in the right hip-joint, and shift occasionally to the abdomen; clamp gives no pain; pulse 100, regular, and less full than last night; breathing tranquil; tongue slightly coated with a white fur; slight thirst; has perspired freely, and is still perspiring. Again speaks of the soothing effect of the fomentations and poultice. The catheter was passed, and twelve ounces of healthy urine were drawn off. To continue applications.

Seven P.M.—Has slept at intervals during the day; abdomen free from pain or tenderness; some degree of stiffness across the lower part of it. Has still flying pains, which make the right hip-joint their chief seat; skin freely perspiring; very slight thirst; pulse 96, soft and regular; no pain or dragging sensation from clamp; has felt occasional nausea, but has not vomited. The catheter was introduced, and eight ounces of bright straw-coloured urine were drawn off. To continue the same diet, and the fomentations and poultices to be applied as before.

16th.—Seven A.M.: Has passed a good night; no tenderness of the abdomen; flying pains less frequent; skin acting freely; pulse 90, soft and regular. Catheterism. To continue the diet and applications.

Two P.M.: Complains of headache; attributes it to the noise of vehicles passing, which has prevented her from sleeping; face flushed; skin hot, but moist; slight increase of thirst; no pain or increase of soreness of abdomen. Bowels occasionally uneasy from flatus. Pulse 110. The clamp was removed; pedicle sloughing; this was deodorized by chloride-of-lime lotion. To continue the previous treatment, and to have vinegar-and-water cloths to the forehead.

Ten P.M.: Headache considerably less; face less flushed; skin perspiring; pulse 100, soft and equal. Catheter was introduced, and eight ounces of rather high-coloured urine were drawn off. To continue remedies.

17th.—Seven A.M.: Has passed a comfortable night; no headache; no flying pains either in the hip-joint or the abdomen—the latter quite easy; bowels troubled with flatus; pulse 94; urine evacuated by voluntary effort. To continue the medicine without the antimony; fomentations to be discontinued, and the abdomen to be covered with a linseed-dust poultice only; this not to be removed so frequently. To have a warm-water enema.

Ten P.M.: Bowels acted freely after the enema; feels very comfortable; improved in every respect; pulse 84, soft and regular. To continue the same diet and remedies.

The patient continued to improve daily, and by the 20th of May all danger had passed. Three of the sutures were removed on that day, and on the following day all the others, except the one nearest the pedicle. This was allowed to slough out, which it did on the ninth day after operation. On the 21st (seventh day after operation) the pulse had fallen to its natural standard, the skin was cool, the tongue clean, and there was desire for animal food. The wound of the abdomen had, as far as the pedicle, healed by the first intention; the pedicle itself had in a great measure sloughed away, and granulations were forming. The poultice was now discontinued, and the abdominal walls were supported by a few broad strips of common plaster, a couple of folds of flannel, and a flannel bandage. On the 23rd the last vestige of the pedicle was thrown off, healthy granulations rapidly arose, and in a few days afterwards this portion of the wound began to cicatrize. As the appetite improved a better diet was allowed. On the 28th she was quite well. She now began to sit up in bed, and on the 30th left it.

Remarks.—The relation of the above case shows that it recovered rapidly, and without manifesting a single unfavourable symptom. This fortunate issue I attribute—

1st. To the state of health of the patient.
2nd. To her state of mind.
3rd. To the treatment adopted before the operation.
4th. To the precautions taken during the operation.
5th. To the after-treatment.

The bodily health of the patient was, at the time of the operation, good. The progress of the disease had been very slow; the abdominal organs had been gradually accommodated to their altered positions; their respective functions had been in nowise disturbed by the growth of the tumour; the nutrition of the body had consequently been little or not at all interfered with; and no morbid predisposition had been established. This condition was favourable to the operation and to subsequent recovery. I am aware that there are some who would argue that the more robust the health the greater would be the liability to inflammation after the operation. Such is not my opinion. I hold the converse to be true. Weakness, and not strength, predisposes the body to inflammation after operations. Strength would merely confer the sthenic type upon inflammation; it would not predispose to it. The issue of the above case supports at least this view.

The state of the patient's mind was placid, cheerful, and of confident hope in the result. She had long contemplated the operation, and she felt a satisfaction when the day for it arrived. In speaking of it she never betrayed the slightest apprehension as to the result. She slept more soundly the night before the operation than she had slept for a long time before. She took a hearty breakfast on the following morning; and when the hour for testing her courage came, she walked to the operating-table without evincing the least fear of the issue which awaited her. Few will doubt that this state of mind conduced to her recovery.

The treatment which she underwent previous to the operation had for its object the distribution of as large a quantity of blood as possible through the capillaries of the skin, and the complete evacuation of the liver and bowels with the view to perfect quietude of those organs for several days immediately after the operation. I was aware that, by establishing an increased distribution of blood through the skin, I should in all probability prevent congestion of any internal organs, and thus render those organs which I was about to expose less liable to inflammation. In establishing this condition the acetate of ammonia answered my expectations.

The precautions which were taken during the operation had for their object the prevention of the escape of blood or of other fluid into the peritoneal cavity, and of any unnecessary exposure or handling of the abdominal viscera. The edges of the wound were, therefore, carefully guarded by sponges, the opening in the cyst was closed securely before any attempt to drag it through the wound was made, and all handling of the viscera was scrupulously avoided. So well were these precautions observed by those gentlemen who assisted me, that neither a drop of fluid entered the peritoneal cavity, nor was any one of the abdominal viscera even seen during the operation. The wounded parts were thus left in the most favourable condition for recovery.

To the after-treatment must be ascribed no inconsiderable portion of the success of this case. The repeated and long-continued fomentations and the hot linseed-dust poultices produced a remarkably soothing effect upon the patient, and materially aided in bringing about that free action of the skin which was a certain safeguard against the occurrence of inflammation. To this end all the other remedies contributed; but to none of them can I ascribe that efficacy which was undoubtedly manifested by the fomentations and poultices. The pain which attacked the right hip-joint on the night after the operation, and which for two days afterwards was constantly moving between this part and the abdomen, would doubtless have become a fixed inflammatory pain in the latter, had not the fomentations and poultices kept it in complete check.

I did not wait for inflammation to arise before applying these remedies. I thought it a more prudent course to endeavour to prevent such an occurrence by their application immediately after the operation. So completely did they succeed in this respect that the exhibition of an anodyne was not necessary, and consequently not administered, during any part of the after-treatment.

Chesterfield, July, 1863.

REPORT OF A CASE OF

EXTENSIVE FRACTURE AND DISLOCATION OF THE BONES OF THE FACE.

BY DR. FYFFE, 5th Dragoon Guards,

AND

DR. F. J. HENSLEY.

LIEUT. K——, on returning in a four-wheeled cab to Whitehall-gardens from a dinner-party, late on the evening of the 29th of May, 1860, met with the following accident:—

He had ordered the cabman to drive to the National Club, but, by some mistake, the driver passed the entrance into Whitehall-gardens, and went on until he had nearly reached the end of Parliament-street.

Mr. K——, who had been half asleep in the cab, perceiving the driver's mistake, rose from his seat, and ordered the man to return to Whitehall-gardens. In giving the order Mr. K—— leaned with his head and the upper part of his body out of the window; the cabman wheeled rapidly round while Mr. K—— remained in that position, but, in the act of turning, the cab fell over; the back part of Mr. K——'s head came in contact with the pavement, and the body of the cab fell directly upon his face.

As soon as assistance could be procured, he was conveyed to the Westminster Hospital, and was placed in a ward by himself. At first he was quite insensible, but in about an hour he was able to articulate the words "Dr. Fyffe, 5th Dragoon Guards, National Club."

I was telegraphed for from Brighton, and arrived at 11 o'clock on the forenoon of the 30th. On my arrival I found Mr. K—— in the following condition:—Head and face immensely swollen and ecchymosed; eyes completely closed; features so disfigured that it was scarcely possible to recognise them; a deep contused wound, about an inch and a half in length, existed above the left eyebrow, and a smaller one on the bridge of the nose. On making an examination of the injuries a perpendicular fracture was discovered through the body of the lower maxillary bone, a little to the left of the mesial line. Two fractures were also discovered in the superior maxillary bones, about an inch on either side of the mesial line; the bones of the nose were also found to be fractured. Owing to the great swelling no further injuries could be discovered at this time.

These injuries were accompanied, at first, by insensibility, from which he began to recover in a few hours; he then vomited a large quantity of partially coagulated blood, the result of hæmorrhage from the posterior nares. He spoke with great difficulty and indistinctness, and did not complain of pain. Pulse 80, weak and irregular. Cold applications were used to the head and face, a mould of gutta percha was placed under the lower jaw, supported by a bandage, and he was fed with arrowroot and wine from a feeder with a small aperture. While he remained in the Westminster Hospital he was, of course, under the care of the medical officers of that institution, and received from them every attention. Delirium supervened on the second night; he was, occasionally, very wild, tore off the bandages and dressings, and tried to jump out of bed; but it was a form of delirium very easily restrained. A few quiet but firm words generally succeeded in persuading him, without using any restraint, to return to his bed. These symptoms continued, almost nightly, during the five days he remained in the hospital. Opiates were freely administered, and sometimes with good effect; his diet was nourishing, and wine was given daily. The swelling of the face diminished rapidly, and on the 4th of June, after consultation with Dr. Hensley and one of the surgeons of the hospital, he was removed to Dr. Hensley's house, No. 5, Spring gardens.

His symptoms were rather increased by the moving, although it was carefully done in an invalid carriage. His pulse increased to 120; delirium again supervened, and was more violent in character; he talked incessantly in his partial sleep, although quite conscious when awake; the pupils were natural.

June 5th.—Delirium somewhat less violent; does not complain of pain; pulse 115, low and weak. Ordered half a drachm of Battley's sedative every night, and the following diet —A cup of coffee, with an egg beaten up in it, in the morning; a breakfast cup of beef-tea, made from the essence prepared by Fortnum and Mason, three times in the twenty-four hours; also arrowroot, with an ounce of brandy, thrice in the twenty-four hours.

On the 6th of June a consultation was held with Mr. Fergusson, and by this time the swelling had so far subsided as to enable us to ascertain the extent of the injuries, and it was discovered that, in addition to the fractures in the lower and upper maxillary and nasal bones already mentioned, both malar bones were loose and separated from their attachments, and that the left malar bone was fractured through that portion of it which forms the lower rim and floor of the orbit, the fractured ends being slightly tilted upwards, forming a small sharp prominence. A small fracture was also found at the external angular process of the frontal bone on the left side; every one of the external bones of the face seemed more or less to have suffered injury. How far the injuries discovered extended internally it was difficult to say, but from the profuse purulent discharge which began to be poured into the mouth, there could be little doubt but that some of the deeper-seated bones were injured also. It was remarkable to observe how movable the bones of the face were. On watching the patient's profile, while he was in the act of swallowing food, the whole of the bones of the face were observed to move up and down upon the fixed part of the skull as the different muscles were brought into motion; it appeared as if the integuments only retained them in their position. It was a curious feature in the case that notwithstanding the very extensive injury done, and the violent character of the force which caused them, not a single tooth was fractured or misplaced.

At Mr. Fergusson's suggestion the fractured portions of the superior maxillary bones were bound together with silver wire passed round the teeth. An attempt was made to fasten wire round the teeth of the lower jaw in the same manner, but, from the inclination of the teeth towards the mesial line, great difficulty was experienced in making the wire fast, and, after many trials, it was given up. The gutta percha splint or mould was kept still under the lower maxilla, and strict silence was enjoined.

7th.—Slept a little during the night; was often delirious and excited; face flushed; complains of headache; pulse 106. Half an ounce of castor oil to be taken immediately; twenty-five minims of Battley's sedative solution at night.

8th.—Mr. Tomes was called in to meet Mr. Fergusson, Dr. Hensley, and myself. He took a mould of the lower jaw in gutta percha from the inside of the mouth. We were now obliged to remove the gutta percha splint from underneath the jaw, owing to the formation of a small abscess opposite to the point of fracture.

9th.—Bowels were freely moved; passed a better night; pulse 84. Mr. Tomes met us again and brought with him a cast of the lower maxilla in plaster of Paris, upon which he had fitted a silver plate, or mould, lined with the pink gutta percha used by dentists. Heating this and pressing it down over the teeth, it fitted accurately; the teeth were thus firmly imbedded in the gutta percha, which, being covered again with the silver plate, prevented any motion between the fractured ends of the bone. The comfort of this adjustment of the fracture was at once felt by the patient; he could now take his food easily and without pain, and he could speak freely without displacing the fracture.

15th.—There has been very little return of the delirium; he continues to take food very well; not so much motion of the bones of the face in the act of swallowing; swelling has almost entirely subsided; a good deal of discoloration still exists; no union, as yet, between the fractured bones.

17th.—Allowed to sit up. The abscess under the chin has been opened. Strength very much improved; wounds on the forehead are now healing.

On the 28th Mr. K—— was able to go out for a drive in a carriage. Union was evidently taking place in the upper jaw, but in the lower maxilla there has been no attempt at union as yet; general health and strength improving.

The history of the case subsequent to this period need not be detailed at length. About the 8th of July union had taken place in all the bones except the lower jaw. The silver plate, with its gutta percha lining, was retained in its place for nearly seven weeks, being only occasionally removed to be cleaned. The abscess under the chin ended in a fistula communicating with the fracture, but, happily, not penetrating into the mouth; no saliva ever escaped from it. This was the last thing which healed; it remained open long after the fracture, with which it communicated, had united.

There was a remarkable absence of pain during the early part of the case; subsequently, Mr. K—— suffered occasionally from severe neuralgic pain in different parts of the face.

The disfigurement was not nearly so serious as might have been expected from so great an amount of injury. The bridge of the nose, which before the accident was very prominent, was now flattened. The prominence caused by the fracture of the orbital process of the malar bone still remained, and there was a small cicatrix over the left eye. Mr. K—— returned to his regimental duty in about four months after the accident.

At the present time, after a lapse of two years, his health is excellent; he never suffers from pain in any of the parts which were injured; and, although his features are slightly altered, he is still a remarkably handsome man.

ON THE EMPLOYMENT OF THE ALKALOID OF THE CALABAR BEAN IN PROLAPSUS OF THE IRIS.

BY THOMAS NUNNELEY, ESQ., F.R.C.S.E.

HAVING, through the kindness of Mr. Reynolds, of Leeds, been supplied with some of the extract of the Calabar bean dissolved in glycerine, I am instituting a series of experiments as to its action upon the iris in different animals; the result of which, when more complete, I may probably give in your pages. My object just now is not, however, to discuss its purely physiological action, but simply to call attention to the great advantage we may derive by availing ourselves of its undoubted power over the concentric fibres of the iris, by which, in the course of a few minutes, the pupil may be reduced in size to a mere speck, and the whole surface of the iris put upon the stretch; the direction of the force being from the circumference towards the centre of the membrane, precisely as is desired in the cases referred to.

There are few surgeons who do not know how frequently the cornea and anterior margin of the sclerotic are opened by punctured and incised wounds: in women and children by the point of a knife, scissors, knitting-needle, steel pen, and similar instruments; in men by the flying off of a splinter of metal, stone, or other hard brittle substance in the varied mechanic works going on all over the country. And every surgeon also knows how unsatisfactory, in the result, most commonly such wounds are, occasioning great pain and distress, often tedious confinement and loss of health, and, at the best, in the great majority of cases, resulting in permanent impairment of the eye, more or less considerable, according to the extent of the prolapse of the iris and the severity of the inflammation occasioned by it: a *perfect* cure being the exception rather than the rule.

Apart, however, from the protrusion of the iris, which almost invariably occurs whenever the cornea or the margin of the sclerotic is accidentally wounded, there is really no reason why these wounds should be so troublesome. Under favourable circumstances wounds of these tissues heal rapidly. Punctured wounds of the cornea and sclerotic, when made by the surgeon, almost invariably heal at once, and not unfrequently the large corneal incision made in extraction of the lens is healed in twenty-four hours. Now, as in the great majority of cases the instrument by which these accidental wounds are inflicted is small and sharp, these are incised wounds in their character; and thus there does not appear to be any reason why, if the iris could only be kept from prolapsing, they should not heal as readily. Of course where, as sometimes happens, the offending substance is large and the impelling force considerable, the coats of the eye are lacerated, and the whole ball is contused; but, even in these cases, if the lens be neither wounded nor displaced, so highly organised is the ball, and so great its reparative power, that I am convinced, could the iris only be kept in its normal situation, and the lips of the wound in the cornea and sclerotic be kept in contact, many eyes which are now lost would be saved, and the patients escape great and prolonged suffering.

Many plans have been suggested for disengaging the prolapsed iris, which, though occasionally successful, far more commonly fail. It occurred to me that if the iris could be kept for some hours on the full stretch, by the almost entire contraction of the pupil, it would not prolapse, and thus the corneal wound might heal by the first intention. The result of two cases in which I have employed the alkaloid (for such I presume it to be) of the Calabar bean is most satisfactory, and would quite justify the belief that if a case be seen immediately after the infliction of the injury, before prolapsus has taken place, or, even though this has happened, before adhesion has occurred, the iris may be kept out of the wound, and this will then heal as after a surgical wound. The two cases were as unfavourable as possible, and the results have been far better than I could have anticipated.

T. B——, aged thirty-three, a boiler-maker, *twelve days* before I saw him, while driving-in a red-hot rivet, was struck by a small splinter from it, which passed through the left upper eyelid and made a wound in the sclero-corneal junction, through which protruded about a fourth part of the iris. The whole globe was very vascular and irritable; sight was considerably impaired; but the lens did not appear to be implicated, as far as could be judged in the hazy state of the cornea. A small quantity of the extract was blown from the capillary tube, in which it was contained, upon the conjunctiva; within two minutes contraction of the iris began, and in ten minutes the pupil had become small, circular, and central, while the nodule of prolapsed iris had lessened to one third of its former size. For three hours the effect continued, at twelve hours it had somewhat lessened, and at twenty-four hours had considerably subsided, when another portion of the extract was blown in. The iris at once contracted to the same extent as it had done on the first application, and never again so fully dilated. The pupil remained in a much better position and of a better size. All had been withdrawn from the wound that had not become adherent.

A. S——, aged seven years, had the lower margin of the cornea punctured with the point of a knife eighteen days before I saw him. The iris protruded considerably, though not to the same extent as in the man; and the introduction of the alkaloid was at once followed by the partial withdrawal of the iris from the wound and the diminution and centralization of the pupil, but not so completely as in the first case, occasioned probably by the less perfect application of the extract, as the boy was very frightened, struggling and crying, so that the little that did get upon the conjunctiva was washed out by the tears. Twenty-four hours afterwards, when the effect had subsided, a more perfect introduction of the extract caused within fifteen minutes the pupil to become round, central, and not larger than a pin's head.

In neither case was the least pain or irritation caused; indeed, the effect might be considered soothing, as the vascularity and photophobia materially diminished. No other treatment was adopted for forty-eight hours, in order that the effect might be uninterfered with; and the subsequent progress of both cases was quite satisfactory. The distortion of the pupil and the myocephalon are far less than I have ever seen under similar circumstances, leading to the inference that had adhesion not taken place before the cases were seen the iris would have been restored to its normal condition in each person.

At present the Calabar bean is in the possession of but few persons in this country; and I am informed even with them the supply is very limited, and can with great difficulty be increased, owing to it being a royal monopoly, which is jealously preserved, but which, doubtless, now that its other than active poisonous power (for which it has hitherto in the country of its production been chiefly if not exclusively valued) is ascertained, will soon be broken down, and a sufficient supply obtained for scientific purposes. In the mean time, I would hope that sufficient may be in the hands of some surgeons who may have the opportunity of trying its effect in preventing the prolapse of the iris in a recent wound of the eyeball.

Leeds, July, 1863.

INQUESTS OF 1862.—The coroners' returns show that 20,591 inquests were held in England in the year 1862—a number slightly below the average—14,198 on males, and 6393 on females. There were 221 verdicts of murder, 207 of manslaughter, 1284 of suicide, 2429 of "found dead," 157 of death from want, cold, and exposure. The number of inquests held on children under seven years of age was 6002—1107 of the number on illegitimate children; and there were 3239 inquests on infants not more than a year old, of whom 859 were illegitimate. This is the first year in which the children of illegitimate birth have been distinguished in these returns. More than a sixth of the children on whom inquests were held were illegitimate, more than a fourth of the infants not above a year old. The verdicts of wilful murder numbered 124, more than half of which related to children not more than the age of twelve months.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum, et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

SEAMEN'S HOSPITAL, "DREADNOUGHT."

TWO CASES OF CANCEROUS DISEASE OF THE PANCREAS; WITH CLINICAL REMARKS.

(Under the care of Dr. WARD.)

CANCEROUS disease of the pancreas is unquestionably a rare affection. There are but few recorded cases, and the two following only have occurred at the Seamen's Hospital for at least the last seven years. The liver, the stomach, the different parts of the intestinal canal, and the mesenteric and lymphatic glands, are frequently the seat of cancerous deposit; but the pancreas, for some reason or other, seems to enjoy an immunity from it.

The intimate anatomical relations of the pancreas with the stomach, duodenum, vena porta, and, under enlargement, with the ductus communis choledochus, render the diagnosis of its affections very difficult. Indeed, on analyzing the symptoms of the several reported cases, there is scarcely one that would not be equally characteristic of disease of some one of the adjacent organs.

In such cases as the subjoined, where the secreting structure of the gland has been destroyed, or its excretory duct constricted, we might have anticipated assistance from functional symptoms. But the view of the emulsionizing action of the pancreatic juice upon fatty constituents of food has not received confirmation from pathological observation; for, in the cases in which they have been looked for, fatty matters have not been found in the stools.

The subjects of the following cases were of intemperate habits; but in other cases such habits are not noticed.

Persistent jaundice is a frequent symptom. The causes of this may be arranged under two heads,—namely, those affecting the structure of the liver itself, and those implicating the parts external to it, as the gall-duct, or ductus communis choledochus. These latter, again, may be subdivided into (1) *internal*, as permanently impacted gall-stones, and obliteration of duct from adhesive inflammation; and (2) *external*, constricting the ducts by pressure from without, as the products of adhesive inflammation effused around them, enlarged lymphatic glands, cancerous or other tumours of the liver and pancreas. Affections of the latter organ can, however, only produce this result when its head is involved, and enlarged so as to embrace the excretory biliary duct, as occurred in one of the undermentioned and in one or two other recorded cases. The presence of this symptom of persistent jaundice, coupled with a history of paroxysmal pains, tended in Dr. Ward's case, as also in one reported by Frerichs, to increase the difficulty of diagnosis; and led to the supposition, at first, that there was occlusion of the ductus communis through impacted biliary concretions.

A fixed, hard, circumscribed tumour, coupled with severe lancinating, paroxysmal pain, may be considered as in some measure characteristic of the disease, but would be equally so of scirrhus of the pylorus; and the same also may be said of the attendant functional derangement of stomach and bowels. One fact worthy of notice in most of the recorded cases is, the insidious manner in which the disease has become developed, and the comparatively short duration of the more formidable symptoms. In one of the following cases, the patient had been well until within a fortnight of his admission; and in the other the symptoms had not lasted many weeks. In the first case recorded by Frerichs, the patient had been quite well up to within six months before admission, and then began to complain of short attacks of severe pain, extending from the region of the gall-bladder to the epigastrium. Seven weeks before he came under Dr. Frerichs' treatment, he became gradually jaundiced. In a second case recorded by this pathologist, there had been transient and scarcely noticeable pains in the upper part of the abdomen, and for three months gradually increasing and ultimately persistent jaundice. In a case of Dr. Hughes Bennett's, there had been for only four weeks pain in the lower part of the abdomen, with costiveness, and subsequently vomiting of food a few hours after taking it. In this case, as in the first of the following cases, the cancerous masses in the glands and lungs bore a close resemblance to tubercle. The treatment in these cases is evidently merely palliative.

The notes of the following case are reported by Mr. Jones:—

Cancerous disease of the pancreas; cancerous deposits in the liver, spleen, and lungs.—Henry T——, aged twenty-seven, admitted Oct 22nd, 1862. An ill-nourished man, of a mulatto complexion. Conjunctivæ are of a deep yellow colour, and the skin generally of a tawny yellow tinge; bowels relaxed, and stools deficient in colouring matter; urine abundant, of a deep yellow colour; slight cough and expectoration; pulse feeble; he complains of severe paroxysmal pains in the epigastric region. He was taken ill eleven days before admission with severe pain in the epigastrium, vomiting, and constipation. Has been occasionally intemperate. Came last from New York. Never had a similar attack. He was ordered a grain of podophyllin and half a grain of cannabis indica thrice a day.

Oct. 25th.—Bowels relieved once since yesterday; urine same as before; pulse 90, weak; tongue moist and flabby; appetite good; no marked hepatic enlargement. To have two grains of mercury pill night and morning.

27th.—Complains of pain in the epigastrium; bowels freely open; urine the same. To have dilute nitric acid in compound decoction of scoparium thrice a day.

30th.—Has sickness. To take two grains of oxalate of cerium at once, and also at bed-time. Next day an enema of turpentine was given.

Nov. 1st.—Bowels relieved by the enema; complains of constant pain in the course of the ascending colon, which seems much loaded; for this he was ordered croton oil.

3rd.—Bowels freely relieved; stools of a clayey colour; urine the same, contains no albumen; the pains in the epigastric region still continue. A hard circumscribed nodulated mass can be felt in the epigastrium, a little to the right of the mesial line, just below the margin of the ribs; it is somewhat tender to the touch. Ordered to take two grains of podophyllin and half a grain of cannabis indica twice a day.

5th to the 7th.—Stools and urine remain the same; tongue clean; bowels open; pain continues; tumour can be felt lower in the abdomen, and there is gurgling just above it.

7th to the 20th.—The urine and stools remain the same. He has frequent sickness and paroxysms of excruciating pain, has lost all inclination for food, and becomes rapidly weaker and more emaciated. Death took place on Nov. 20th.

Post mortem examination.—The head was not examined. The abdominal and thoracic organs were deeply bile-stained; the pericardium contained a little dark fluid; the heart was normal in size, and the texture of the valves healthy. Lungs: The left was slightly adherent at the apex; underneath the pleura and throughout its substance were small semi-transparent deposits having the appearance of tubercle, and others much larger, opaque, yellowish, and soft in structure. At the apex of the left lung was a cavity as large as a bean, lined with a thick false membrane; the lung-tissue was congested for some distance around it. Abdomen: Immediately below the pylorus and embraced by the duodenum, both of which were pushed very much forward, was a firm nodulated swelling, obviously occupying the position of the head of the pancreas; it extended upwards behind the duodenum, completely surrounding the common bile-duct; the coats of the duct were free from disease, and a probe could be passed along it into the duodenum; the gall-bladder was largely distended, and contained several ounces of dark bile; the lower end of the duodenum was completely surrounded by the tumour, but its own coats were not implicated; the aorta, vena cava, and right renal vessels were entirely embedded in large masses, separate from the tumour above described, which appeared to replace the mesenteric and lumbar glands. On cutting into the tumour, it was seen to consist of greyish-white material, arranged in lobules more or less isolated by areolar tissue, and easily broken down. The diseased glands were of a still softer consistence. Liver: Nearly normal in size, and dark in colour. Under the capsule were several deposits about as large as a sixpence, of a white colour, with considerably depressed centres, separated from the

liver-structure by a remarkably well-defined margin; they were of a very soft consistence. Deposits of the same substance, of various sizes, were scattered throughout the tissue of the organ, which was otherwise normal. The spleen contained deposits similar to those in the liver, and they showed a disposition to arrangement parallel with the trabeculæ. The kidneys contained no deposits, and were healthy, with the exception of a few small transparent cysts. Under the microscope the principal tumour and the secondary deposits both showed cells of various sizes and shapes containing large nuclei, many of them more than one. The prevailing shape was oval, while others were lengthened out so as to be fusiform or caudate. Both the transparent deposits above described in the lungs and the larger ones presented the same structure.

The notes of the subjoined case are reported by Mr. Leach.

Cancerous disease of the pancreas and liver.—Thomas T——, aged forty-five, admitted Jan. 19th, 1863. Has been a hard drinker all his life, chiefly indulging in gin. His last voyage was to China and back. He was attacked a few days before leaving Shanghai with diarrhœa, tenesmus, bloody stools, and other symptoms of dysentery, with constant pain over the liver. He continued work until within eighteen days of the ship's arrival in England, and subsequently spent eleven days at a boarding house, being successively under the care of three doctors, who all prescribed stimulants, of which he partook very freely.

Symptoms on admission.—Aspect staring and anxious; trembling of the hands and other symptoms of incipient delirium tremens; no appetite, and sleeps very little; the bowels are regular, and the pulse is small; tongue furred. There appears to be considerable enlargement of the liver; dulness on percussion, extending considerably over the left side, and very low upon the right side. He was suffering from slight dysentery, passing, according to his own account, five or six stools each day. Ordered a mixture of dilute nitric acid in infusion of cusparia, and a morphia draught at bed-time, with diet of milk and beef-tea.

Jan. 20th.—Has slept a little; passed three stools; but still complains of severe pains about the stomach and liver. To continue the mixture and anodyne; blistering fluid to be applied to the hepatic region.

21st.—The blister appears to have given great relief; there is much less pain; the tongue is cleaner, and the stools are healthier. To have ordinary diet and six ounces of gin daily.

23rd.—All the symptoms have greatly subsided, and he now complains only of occasional griping pains, with some looseness of the bowels. A mixture of soda and rhubarb prescribed.

25th.—The diarrhœa still continues; but the motions, though fluid, do not contain blood. A pill of lead and opium was added to the last prescription, to be taken once a day.

Feb. 2nd.—From the last date to this he has got up regularly, and, with the exception of slight dyspeptic symptoms, appears tolerably free from discomfort, though weak, and with little appetite. Taking now a mixture of bismuth and bitartrate of soda in an infusion of calumba, with an occasional morphia draught at night.

6th.—The pain has returned. To keep his bed, and have a blister applied to the epigastrium, with slop diet; to discontinue the gin.

8th.—No appetite; the anxious aspect has returned; he sleeps very little; the bowels are regular, and evacuations healthy; but the epigastric pain appears to increase, and he seems to lose flesh daily.

12th.—No alteration of symptoms since last date. In addition to the mixture, a pill of opium was ordered to be given twice a day.

14th.—Very great pain; fulness and tenderness in epigastrium. An emetic of sulphate of zinc appeared to give great relief. He was ordered arrowroot and eggs in addition to the slop diet.

17th.—Vomiting after food commenced to-day. Ordered an effervescing mixture, with soda-water and brandy.

18th.—The vomiting continued, and recurred at intervals. Creasote was given in addition to the mixture above mentioned, and simple enemata were used to relieve the bowels. The hardness and enlargement of liver appeared to have increased, but there was no sign of material disease elsewhere. Chlorides in urine scarcely perceptible; no albumen.

24th.—The vomiting still continued, and he has lately taken very little nourishment, except egg and brandy.

He died in the night of the 25th, exhausted.

Autopsy, thirty-six hours after death.—Slight rigor mortis. Lungs healthy throughout. Heart healthy. Liver (weight, six pounds and three quarters) studded over its surface and throughout its substance with granular rounded masses, some hard, others consisting of a whitish cheesy matter, but forming collectively about one-third of the entire substance of the liver. Gall-bladder nearly full. Pancreas: The right half was, *en masse*, of stony hardness, and, when cut into, exhibited the same abnormalities of structure as those found in the liver; the left half contained in many parts similar masses of structure. Spleen small. Kidneys normal in size and weight; much congested. Intestines contracted; coats healthy; no sign of tuberculous deposit in the mesenteric glands. The deposit in liver and pancreas was found, on microscopic examination, to contain characteristic cancer cells.

WESTMINSTER HOSPITAL.

CHRONIC INFLAMMATION OF THE ELBOW-JOINT; PARTIAL ANCHYLOSIS; WASTING AND TEMPORARY PARALYSIS OF THE MUSCLES OF THE UPPER ARM; TREATMENT BY COLD DOUCHE AND GALVANISM; RECOVERY.

(Under the care of Mr. BARNARD HOLT.)

A. P——, aged twenty, a labourer (a tall, anæmic individual having a specially strumous aspect), was admitted March 24th, 1863, suffering from the above disease. He stated that three years since, without any special cause, he found himself incapable of fully extending the forearm, his attention being first directed to it from an inability to perform some portion of his work. Upon examination, the joint was seen to be slightly swollen; and when he tried either to fully extend it or to rotate the hand he experienced a dull aching sensation. He did not consider it of sufficient importance to desist from his employment; but the joint gradually becoming more enlarged and the motion more limited, he was subsequently obliged to seek admission into an hospital. For a considerable period he was submitted to various kinds of counter-irritative treatment, and, under chloroform, the arm was fully extended and so retained upon a splint for some time. He eventually left the hospital with his arm straight, but the motions of flexion and extension considerably impaired; and returned to the country to re-establish his health. The arm after a time becoming again partially flexed, and his inability to use it having much increased, he was admitted into Westminster Hospital.

Upon examination, Mr. Holt found there was considerable thickening of the synovial membrane, and that the patient complained of pain when pressure was applied over the inner side of the joint. Flexion and extension could only be performed to a very limited extent, and such movement gave rise to pain. He was quite incapable of raising the arm to the head, or indeed to any distance from his side, and it was evident that the muscles of the upper arm were temporarily paralysed. To relieve them from the oppressive weight of the pendant forearm, Mr. Holt directed that the arm should be kept flexed and be supported in a sling, and that the elbow should be rubbed with a stimulating liniment. This treatment was continued for three weeks without any material advantage so far as the power of motion was concerned; the thickened synovial membrane had somewhat subsided, but the atrophy of the muscles remained. Mr. Holt now directed that galvanism should be persistently employed both morning and evening; and this treatment was continued for three weeks more, the arm being kept flexed for a certain portion of the day and subsequently extended, the patient having directions to remove it from the sling and use it as freely as he could for an hour each day. Although he derived benefit from the application of the galvanism, yet power of motion was very slowly regained. Mr. Holt therefore directed that the cold douche (at 50° F.) should be applied, and be continued for five minutes, three times a day, as is recommended in the *Journal of Practical Medicine and Surgery*. The advantage of this plan, in addition to the other measures, was soon apparent: the biceps and deltoid were increased in size, and after a fortnight's perseverance the patient was able to raise the hand to the head and partially to flex the arm; the circulation was evidently improved, and the temperature of the arm was increased. At the expiration of five weeks he had so far recovered the use of the limb as to be able to execute all the ordinary movements with tolerable facility, and he left the hospital to resume his work in the country.

Mr. Holt remarked that, so far as a single case was con-

cerned, the foregoing was one of interest, as showing that what had been described in the French journals—namely, the application of the cold douche—was worthy of imitation, and in this instance had materially benefited the patient. Cases such as the one related, although not of frequent occurrence, were not very rare, and the treatment always extended over a considerable period of time, and was occasionally without benefit, the arm remaining permanently paralysed. He referred particularly to the necessity of keeping the arm flexed, as by so doing the muscles were shortened, and would sooner regain their contractility than where permanent extension was maintained by the weight of the limb.

ST. MARY'S HOSPITAL.

COMPOUND COMMINUTED FRACTURE OF THE OLECRANON, WITH WOUND OF THE ELBOW-JOINT; COMPLETE RECOVERY OF THE PATIENT IN LITTLE MORE THAN THREE WEEKS.

(Under the care of Mr. URE.)

D. C——, aged thirty-one, a well-built muscular man, was admitted March 27th, 1863, with compound comminuted fracture of the upper extremity of the left ulna, involving the elbow-joint. On introducing the little finger into a contused and lacerated wound at the back of the elbow, the olecranon was felt to be shattered and nearly detached just at the coronoid process. There had been some bleeding from the wound, which measured about an inch. The accident occurred the same afternoon, by his happening to fall down fifteen steps into an area while carrying a sack of coals. The man had several boils on different parts of the body, and had been troubled with cough for a couple of years, but was of a florid complexion, and looked healthy.

Mr. Ure directed the limb to be bent, supported on a cushion, and capillary irrigation to be steadily maintained over the injured part.

March 28th.—He passed a sleepless night. The arm looks well; there is no swelling, and the bleeding has ceased; the pulse is calm.

29th.—Pulse 72; tongue clean; wound beginning to suppurate at the edges; ascribes the want of sleep to rheumatic pain in the left shoulder, to which he has been subject for some time past, and for which he was ordered to take a drachm of volatile tincture of guaiacum thrice a dry in gruel.

30th.—Pulse 90. There was a dusky red and tense condition of the integument adjoining the wound, which Mr. Ure relieved by a free incision down to the bone.

31st.—Had rigors, and complained of pain in the arm, which Mr. Ure directed to be placed on a horizontal angular splint, and a poultice applied instead of the irrigation. The patient was allowed broth diet.

April 6th.—Wound suppurating healthily. The man is convalescent, and rid of rheumatic pain.

13th.—He walks about the ward; the wound is healing rapidly; countenance indicative of health.

20th.—Wound healed; no tenderness of joint. Discharged, cured, the day following.

Mr. Ure saw this patient several weeks afterwards, and he then had perfect use of the joint.

Wounds of the joints are always serious injuries, because the synovial membrane is prone to acute inflammation, which causes constitutional disturbance, and often destruction of the various textures.

ST. BARTHOLOMEW'S HOSPITAL.

EXCISION OF A FAULTILY UNITED FRACTURE OF THE HUMERUS.

(Under the care of Mr. PAGET.)

A RATHER curious and somewhat interesting case was submitted to operative relief this day week at St. Bartholomew's Hospital. A man, aged about twenty six, sustained on board ship a fracture of the left humerus at its upper third, a fracture of his left femur, and some injury to the ankle-joint of the same side about twelve months ago. The fractures were set by the carpenter of the ship. The thigh united tolerably, but the leg is shorter than its fellow, and there is lameness. The broken humerus united in a faulty manner, so that the parts were almost at a right angle to each other, the projection being directly outwards. The arm was practically useless, and the patient came under Mr. Paget's care. On examination, there was an apparent but not real false joint. The man being put under the influence of chloroform, an effort was made to break the fracture, but without success. Mr. Paget therefore cut down upon it, dissected off the periosteum, and cut out a wedge-shaped piece of the united fracture with a fine saw, and then readily broke the remaining portion. This permitted of complete coaptation; indeed, better almost than if the fracture had been properly set. After all oozing had ceased, the wound was closed with silver sutures, and the arm was most carefully adjusted on a suitable splint. Union is most certain to ensue; but for a satisfactory union a great deal will depend, Mr. Paget remarked, upon the attention bestowed upon the case by the house-surgeon.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 23RD, 1863.

MR. PARTRIDGE, PRESIDENT.

AN ACCOUNT OF A CASE OF STRANGULATION OF THE STOMACH IN AN UMBILICAL RUPTURE, AND OF DEATH DURING ITS REDUCTION UNDER CHLOROFORM.

BY CHAS. H. MOORE, F.R.C.S.,
SURGEON TO THE MIDDLESEX HOSPITAL.

A CORPULENT woman, aged sixty, was admitted into the Middlesex Hospital, under the care of Mr. Moore, with a strangulated umbilical hernia fourteen inches in diameter. She had been operated on for strangulation ten years before, by Mr. Wormald. She was greatly exhausted, having been vomiting six days and constipated three days, and having taken calomel and been leeched and blistered. She had vomited two gallons of fluid in the previous forty-eight hours. The pulse was 120.

A drachm of chloroform and four successive portions of forty minims each were inhaled during eleven minutes. The taxis was employed, and was twice interrupted—once by her coughing, once by vomiting. It was continued four or five minutes after the inhalation of chloroform was discontinued, and until about one-third of the hernia had been reduced. She was then so feeble that all but restorative measures were stopped; in four minutes more she was dead. Pulse and respiration continued uniformly and failed proportionally until both ceased.

The cardiac and pyloric ends of the stomach were in the abdomen; the intermediate portion was fixed and constricted in the hernial ring. The cardiac portion was flaccid and empty, but was of enormous capacity. Many parts of its mucous membrane were gangrenous and black, and some were lacerated. These lacerations bore a definite relation to the œsophageal opening. The peritoneal coat near the spleen was also ruptured, and the back of the cardiac pouch was in one spot completely perforated. About a gallon and a half of black liquid, similar to that which had been vomited, lay in the peritoneum. This membrane was not inflamed, but the aperture through the stomach was partly black and pulpy, partly inflamed, partly infiltrated with the contents of the stomach, and a little ecchymosed.

The writer commented, 1st, on the unique character of the case—a complete strangulation of the stomach itself. None of the black fluid had passed into the small intestines, which contained air and a little yellow bile. 2nd. On the dilatation of the cardiac portion, to the inordinate distension of which he attributed the gangrene. 3rd. On the rupture of the stomach. The lacerations might have been traced to the taxis, had there been any mark of violence in the portions of the stomach within reach during that operation; but these seemed proved, by their radiated disposition with regard to the œsophagus and by the pathological changes in the principal rupture, to be due to vomiting. The perforation of the stomach might have been almost entirely produced by the vomiting, but might have been completed by the taxis. 4th. On the cause of death. The importance of the case in respect to the toxical effects of chloroform and to the supposed sudden fatality of ruptures of the stomach was considered, and reasons were offered for assigning the result to neither separately, but to both, in common with the previous and great exhaustion of the patient. Finally, it was suggested that the stomach-pump might have relieved

such a case with less danger than was involved in the use of chloroform and the taxis, though actual recovery was in the highest degree unlikely.

CASE OF TRANSPOSITION OF THE GREAT VESSELS OF THE HEART.

BY JOHN COCKLE, M.D.

The subject of the case was a boy, who lived to the age of two years and eight months. He was born at the full period, perfectly healthy, and remained so until the end of the third month. He now became cyanosed, and suffered from cough and dyspnœa. His lower limbs were always weak; he was also very sensitive to cold. Under emotion the cyanotic tint darkened, and the dyspnœa and habitually increased impulse of the heart would be still further increased. No convulsions, however, occurred. The child was remarkable for unusual intelligence. Eventually he lost flesh, and became dropsical and covered with petechiæ, and died apparently from exhaustion.

The heart was found dilated and hypertrophied. The aorta arose from the right ventricle, and divided into its ordinary branches. The pulmonary artery, with its valves very large, arose from the left ventricle, and normally divided. The ductus arteriosus was perfectly closed. Foramen ovale largely patent. Septum ventriculare perfect. The various orifices and valves healthy. The mitral valve, however, was, as it were, tricuspid. The left lung was in part unexpanded.

The author has found that the number of cases of transposition recorded amounts to about thirty-two. Only three cases, however, are on record in which the foramen ovale was alone patent, the arterial duct being closed, and the ventricular septum entire. In such cases, were it not that some interchange of blood occurred through the foramen ovale, two perfectly distinct circulating systems would have existed. No other vessels certainly compensated in this case.

INQUIRIES INTO THE ACCESS OF AIR AND WATER TO THE TYMPANUM, THE MEMBRANA TYMPANI BEING IMPERFORATE.

BY WILLIAM KRAMER, M.D. (FROM BERLIN).

The view that there is free access of air and water to the tympanum, the membrana tympani being imperforate, has been hitherto generally adopted. The author was very lately induced to put this view to the test by experiments on physical instruments and on dead bodies. He fully described the instruments he used for this purpose—viz., a little glass apparatus, representing the Eustachian tubes, the tympanum, and the membrana tympani, a set of silver ear-catheters increasing in calibre, and an india-rubber ear-catheter.

The following are the deductions he arrived at from four experiments:—

1. There is no free access of air or water to the tympanum if blown in or syringed through a silver ear-catheter, the Eustachian tube being completely pervious.

2. There is free access of air or water to the tympanum if blown in or syringed through an india-rubber ear-catheter pushed forward to the osseous part of the Eustachian tube.

3. The perception of sonorous sounds of the air blown into the Eustachian tube through the author's smallest-sized silver ear-catheter, proves the Eustachian tube to be completely pervious.

4. The perception of dull, faint, or no sound at all of the air blown through silver ear-catheters of any size, proves the Eustachian tube to be incompletely or not at all pervious.

Certain peculiarities in the perception of these sounds in living men render it most likely that air, blown into a narrowed Eustachian tube through silver ear-catheters of a gradually increasing size, enters the tympanum, the membrana tympani being imperforate.

CASE OF POPLITEAL ANEURISM CURED BY DIGITAL COMPRESSION.

BY GEO. SOUTHAM, F.R.C.S.,
SURGEON TO THE MANCHESTER ROYAL INFIRMARY.

The patient was in his thirty-third year, an iron-moulder by trade. From the man's account the disease did not appear to have been of more than nine or ten weeks' duration. He was admitted into the Manchester Hospital on the 29th of December, 1862. The right popliteal space was distended by a pulsatile swelling, accompanied by severe pain and general œdema of the leg. The pulsation of the tumour was very perceptible, but feeble, and the skin over it slightly discoloured. His countenance bore indications of severe suffering. Pulse 120, small and quick; appetite bad. So urgent did the case appear that clamps were immediately applied over the femoral artery. The limb was enveloped in flannel bandages, and elevated on pillows; bottles of hot water were placed near, to raise the temperature of the foot and leg to the natural standard. The following day the clamps were removed, as they had produced redness and vesication of the skin. Iodide of potassium was now prescribed, and regularly taken until the 20th of January, with no apparent improvement. Digital compression was then resorted to, twelve students of the institution having volunteered their services. During the first twenty hours this system of pressure was frequently interrupted, and therefore at the end of this period the pulsation had apparently undergone no change. Consequently, two students were directed to be continually with the patient, one to compress the artery, the other to apply his hand over the aneurism to detect any insufficiency of the pressure. This plan was adopted for twenty-four hours: a very slight pulsation only could then be felt in the tumour, and six hours later it had entirely subsided. Moderate pressure was, however, kept up for another day, and then discontinued, as there were no signs of any further pulsation. From this time the case proceeded very satisfactorily, the man leaving the hospital at the end of three months, with scarcely any remaining trace of the disease.

Mr. Southam considered that pressure must now be regarded as the established system of treating aneurismal tumours whenever practicable; but the best mode of applying it is still a subject for discussion. In the present case the vitality of the limb was evidently too much impaired to admit of the application of instrumental pressure; indeed the unusual size of the tumour, the unsatisfactory condition of the surrounding parts, as well as the patient's general health, formed in themselves serious obstacles to any kind of operative interference. Many are the advantages of digital over instrumental compression. Not only does it seem to effect a cure in a shorter period of time, but with much less pain, and is not so likely to lead to sloughing of the structures under pressure, which with the greatest precaution is liable to occur in some cases. The flow of blood through the aneurism may not be so effectually prevented by this means, and indeed this is not to be desired, as fibrillation of the blood is more likely to occur, and to be more permanent, if allowed to pass through the sac in small quantity and in a slow continuous stream; for digital compression is not liable to those sudden alternations in force and volume which under instrumental pressure are apt to take place in consequence of the tendency of the artery to escape from under the clamps on any slight movement of the limb. But pressure alone must not be entirely relied on in the treatment of aneurism; for as success depends on the consolidation and subsequent absorption of the blood in the tumour, other agents of similar properties, to combine with, must be sought for. The difficulty in arriving at correct views of the medical treatment of aneurism is probably owing to our imperfect knowledge of the changes which contribute to the solidification of the aneurismal contents.

The process is usually regarded as similar to the coagulation of the blood out of the body; but it is questionable if this be exactly so where the solidified material is partially absorbed or converted into structure. Ordinary coagulation of the blood is one consequence of its diminished vitality, and therefore would more likely be followed by its removal from the body by ulceration and suppuration than by absorption. It seems, therefore, highly probable that the solidification of the blood within the body, previous to its absorption or conversion into tissue, differs somewhat at least from that of ordinary coagulation. This may explain how it is that low diet, which by depressing the vital properties of the blood should promote its coagulation, has not led to those salutary results expected by its advocates in the treatment of aneurism.

THREE CASES OF ICHTHYOSIS SPURIA VEL SEBACEA.

BY J. W. OGLE, M.D.

After certain preliminary observations regarding the differences between the true ichthyosis (so called) and the spurious, the latter of which owes its characteristics to an accumulation of secreted material from the sebaceous follicles of the skin, which become indurated and adherent to the surface, Dr. Ogle proceeded to describe the cases of two sisters who were afflicted with the ichthyosis sebacea. These patients were respectively of ten and fourteen years of age, living in the neighbourhood of London. They had both been vaccinated about five years before they came under treatment, and shortly after vaccination had become the subjects of a scattered pustular eruption, which assumed the form of open sores; these were succeeded by a roughness and dryness of various parts of the skin—viz., about

the knees, down the legs, about the elbows and axillæ. This condition gradually increased until the parts became covered by large patches of dark-brown and almost black incrustations, which were broken up into scales or small tubular or lozenge-shaped portions, divided by deep lines according to the natural creasings of the skin. Owing to these concretions, the surface was harsh and dry, and in many parts the surface had much the appearance of the sole of the fowl's foot. Dr. Ogle showed a water-colour drawing, executed by Dr. Westmacott, of the surface of the foot of one of the patients, and also a quantity of the dry concretions which fell off, under treatment, from the skin.

The treatment consisted in the warm bath daily, and the subsequent rubbing in of lard, along with the liquor galli aparine, followed by the use of an alkaline lotion in the place of the lard infriction. In about five weeks the patients were discharged quite free from any traces of the affection.

The patients remained free from the disease for nearly four months, when they both again became affected in a like way as before, and one returned to St. George's Hospital. She was treated by Dr. Fuller, and again left the hospital free from any of the sebaceous accumulations, but with the skin red and glazed, and disposed to crack.

Dr. Ogle gave the chemical analysis of the sebaceous incrustations as determined for him by Dr. Harvey, and also made reference to the only recent case of a similar kind which he had met with—one by Dr. Biefel, quoted in the "Annalen d. Charité Krankenhaus." From this, and from the tendency which in the case of one of the girls before described the skin showed to assume an unhealthy state, Dr. Ogle thought that such a condition of the skin might lead to actual disease of its texture.

Reviews and Notices of Books.

Die erste Ausrottung eines Polypen in der Kehlkopfshöhle durch Zerschneiden ohne blutige Eröffnung der Luftwege, nebst einer kurzen Anleitung zur Laryngoskopie. Von Dr. V. BRUNS, Professor der Chirurgie, &c. 8vo. pp. 76. Tübingen. 1862.

THE patient, the subject of the present memoir, is a brother of the author, aged forty-eight years. He had been troubled for a couple of years with hoarseness, and latterly was unable to talk continuously or read aloud. The affection commenced with a cold. The patient underwent a variety of treatment; but without deriving any benefit. On exploring the throat with the aid of the laryngoscope, it was ascertained that a polypus was seated in the larynx just below the left vocal cord. It was shaped like a club; its long diameter measured from twelve to fourteen millimètres, and its greatest thickness from six to seven millimètres. It presented a reddish-yellow hue, and had the consistence of ordinary nasal polypus. The author made several attempts to lay hold of it with a loop of iron-wire, but unsuccessfully. He then had forceps constructed, with small incisors at their extremity, by means of which he succeeded after some days in gradually snipping away the polypoid growth. He found it necessary at each sitting to fix the epiglottis with forceps made on purpose. The instruments employed are all accurately figured in plates annexed, as are also the instruments used for laryngoscopy. Several diagrams are appended to illustrate the anatomical relations of the polypus.

The above operations were performed in July, 1861; and in January, 1862, it is stated that the patient was enjoying excellent health, and the restoration of voice, as regarded purity and strength, was perfect.

The last twenty pages of the memoir are occupied with practical details on laryngoscopy.

In conclusion, we would briefly mention our having assisted Dr. Gibb at an operation for laryngeal polypus, where he promptly accomplished the complete removal of the outgrowth by means of an ingenious écraseur of his contrivance, which is certainly less complicated than the incisor-forceps of Dr. Bruns.

The Popular Science Review. A Quarterly Miscellany of Entertaining and Instructive Articles on Scientific Subjects. Edited by JAMES SAMUELSON. No. 7. April, 1863. London: Hardwicke.

THE present number equals in interest any of its predecessors. It is marked by the same variety of subjects, the same easy method of retailing sterling science, and the same useful amount of pictorial illustration, as have hitherto characterized this "popular" serial. The botanical articles include memoirs upon the British Fungi, the Furniture Woods of Commerce, and upon the History of a Beech-twig. The zoological and physiological department is concerned with Fresh-water Polyzoa, the African Lion, and the Human Skin. To these is added a paper by Mr. Mackie upon Fossil Birds. The essay upon the "African Lion in its Native Haunts" is a translation by the editor of a communication from no less a person than Jules Gerard, of lion-killing fame.

The Consumptive Poor of South London. By THEODORE E. LADD, M.D., &c. pp. 31. London: Pigott.

SINCE the author commenced practice in 1849, every case, he tells us, that has come under his notice has deepened the impression that his duty is closely connected with the subject of pulmonary disease, that his best efforts should be given to its study, and his labours constantly directed to lessen its effects. The present *brochure* is offered, we presume, as an earnest that the author is steadily pursuing the useful line of duty he has prescribed for himself.

A Dictionary of Chemistry. By HENRY WATTS, B.A. Longman.

THIS great work—great in a double sense, both in size and quality—continues to appear with praiseworthy regularity. Already four parts have been published, the last three being fully equal to the first part, of the execution of which we expressed ourselves in highly favourable terms.

A Manual of Chemical Analysis. Part I.: Qualitative. By HENRY M. NOAD, F.R.S. Reeve and Co.

THIS is a very clearly written, simple, and practical treatise on Qualitative Analysis, and one which will be found of much service to students and beginners, especially in connexion with the second part, on Quantitative Analysis, shortly to be published.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I, like your correspondent Mr. Durham (*vide* THE LANCET of the 11th inst., p. 53), beg to call your attention to a like shabby trick played me last week by the Norwich Union Life Insurance Society. I had a string of similar questions—falsely called "non-medical"—to answer; and I very much regret I did not serve the Society as Mr. Durham did.

I fully agree with your just and honourable remarks upon so "transparent a device," and hope it will act as a warning to Sir Samuel Bignold, his co-directors, and their secretary (Mr. R. P. Wood), not to persist in obtaining information under false pretences. I am, Sir, your obedient servant,

St. Thomas's-street, July, 1863. S. J. BAYFIELD, M.R.C.S.

CONTAGIOUS DISEASES.—On Monday Mr. Sturmy, the vestry-clerk of St. Saviour's, Southwark, accompanied by Mr. Bianchi, the medical officer of the district, waited on the magistrate of the Southwark Police-court to request his authority for the immediate removal of the body of a man who had died of typhus fever, and which, from its advanced state of decomposition, affected the health of the neighbourhood. Mr. Barcham thought it was the duty of the relieving officer to remove it; if he refused, the only remedy was by indictment. He had no power to interfere. Ultimately it was agreed that the body should be removed by the vestry.

THE LANCET.

LONDON: SATURDAY, JULY 18, 1863.

SOME proceedings lately witnessed in the Durham Police-court are, happily, exceptional. It is seldom that members of the medical profession place themselves in the position which "Mr. ROBERT HENRY SPENCER CARPENTER, then being a physician legally licensed to practise physic," has therein thought proper to occupy. It appears that for some time the inhabitants of Durham have had reason to know that in the mind of the above practitioner feelings not of the most amicable character have existed in reference to Mr. WILLIAM CUTHBERT BLACKETT, legally licensed to practise surgery. Both gentlemen have the honour to be members of the Apothecaries' Company. Without inquiry into the original cause of their difference, we assume that in virtue of his supposed superior qualification, or, perhaps, of his additional Christian name rather than Christian virtue, —for one is quite as weighty a reason as the other,—the Licentiate of the College of Physicians considered himself the greater man of the two, and determined that the influence of his position and its assumed privileges should be exercised for the humiliation, if not the annoyance, of his neighbour and rival. With a curious ingenuity, an old Act of Parliament is perverted to that purpose. The Licentiate in Physic determines to be supreme. He writes a prescription, signs it with all formality, so that there could be no mistake, and has it presented to the Licentiate in Surgery and brother apothecary for compounding, who, being better engaged, refuses to be so patronized. Thereupon the physician becomes wroth, and invokes the aid of the law. Mr. ROBERT HENRY SPENCER CARPENTER has demanded justice; with that demand we will endeavour to comply. By a statute passed on the 12th of July, 1815, 55 GEO. III., c. 194, entitled "An Act for Better Regulating the Practice of Apothecaries throughout England and Wales," it was affirmed, "Whereas it is the duty of every person using or exercising the art and mystery of an apothecary, to prepare with exactness, and to dispense such medicines as may be directed for the sick by any physician lawfully licensed to practise Physic by the President and Commonalty of the Faculty of Physic in London, or by either of the two Universities of Oxford or Cambridge;" and, amongst other provisions, enacted in Sec. 5, "That if any person using or exercising the art and mystery of an apothecary shall at any time knowingly, wilfully, and contumaciously *refuse* to make, mix, compound, &c., any medicines, compound medicines, or medicinable compositions, as directed by any prescription, order, or receipt, signed with the initials in his own handwriting of any physician so lawfully licensed to practise physic, such person or persons so offending shall, upon complaint made within twenty-one days by such physician, and upon conviction of such offence before any of his Majesty's justices of the peace, unless such offender can show some satisfactory reason, excuse, or justification in his behalf, forfeit for the first offence the sum of £5, for the second offence the sum of £10, and for the third offence he shall forfeit his certificate," &c.

Assuming from this that authority attached to his position, Mr. CARPENTER, under the circumstances mentioned, applied for a summons against Mr. BLACKETT. With signal and deserved severity, he has himself become its victim. Having attempted to drag his profession through the mire, he alone stands bespattered by the indignity he sought to cast upon another. Mr. CARPENTER'S medical honours are new-fledged; we advise their application to a higher purpose than that of rendering himself ridiculous. Did this exhibition merely involve the recital of his personal folly or obstinacy, we would permit it to rest in fitting obscurity. It does more: it unfolds a new phase of possible professional annoyance which it is desirable to investigate, and a hitherto unpublished condition of professional feeling which we feel satisfied every right-minded practitioner in the kingdom will most unhesitatingly repudiate. The assumption of a superior professional dignity and special privileges for the indulgence of personal spleen, considering the relative positions of Mr. CARPENTER and Mr. BLACKETT, was a most unhappy thought or suggestion. We think it hardly possible that it could have received the approval of anyone in the slightest degree conversant with the spirit or the letter of the Acts relating to the question raised. Unlike other old enactments creating statutable offences and inflicting penalties, the Act of GEO. III. leaves the very widest discretion to the justices as to what may be a "satisfactory reason, excuse, or justification" for its breach; so that, supposing Mr. CARPENTER warranted in taking the position he had assumed to occupy, surely, however wanting he might have been in discretion, he could not have been so devoid of common sense, or think so poorly of the justices of his county, as to have anticipated the conviction of Mr. BLACKETT at their hands. For what body of gentlemen would not have regarded it as "a satisfactory reason, excuse, or justification," that there were a dozen other apothecaries to whom the prescription might have been sent, rather than to one against whom personal feelings existed, and who had equal professional claims to magisterial consideration? This was Mr. CARPENTER'S difficulty number one. On the wild assumption that such a difficulty was not insurmountable, it may be desirable for that gentleman to know that the term "using or exercising the art" is not entirely free from grounds for argument, and that a consideration of the context might possibly have excluded Mr. BLACKETT from the operation of the clause. A later Act of Parliament than that which was sought to be put into force—the 6th GEO. IV., c. 133, sect. 9—runs thus: "And whereas by the said recited Act (55 GEO. III., c. 194) the penalty of £5 is imposed on persons who shall commit certain offences in the said Act specified; and whereas there are not in the said recited Act specified any means whereby the said penalty of £5 thereby imposed can be recovered: be it therefore enacted, that all penalties of the amount of £5 which are imposed by the said recited Act shall be recoverable in the name of the Master, Wardens, and Society of the Art and Mystery of Apothecaries of the City of London in any of his Majesty's Courts of Record in England or Wales." Which provision presents obstacle number two. Inasmuch as there are no words to compel that corporation to sanction the suit, it is quite possible that the Master, Wardens, and Society of the Art and Mystery of Apothecaries of the City of London might refuse to prostitute their authority to the purposes of oppression, and compel one member of their body to compound the prescriptions of another. Their refusal would

have interfered with the monied interests of Mr. CARPENTER in case of the success of the prosecution, for the 25th section of the original Act provides that, as to the money arising from conviction and recovery of penalties for offences committed against the provisions of the Act, "one-half thereof shall be applied to the informer or informers, and one-half thereof to the said Master, Wardens, and Society of Apothecaries as aforesaid, to be appropriated and disposed of by them in such a manner as they shall deem most expedient." Mr. CARPENTER might not desire to be classed with common informers, so we rather think he had not sufficiently studied the Act before making his application to the Bench.

Mr. CARPENTER believed himself invested with corporate authority because he had gained corporate privileges. His mistake is not without a parallel, or his defeat without a moral. ÆSOP may supply the former, and common observation suggest the latter, which we leave to the experience of the profession.

A remark may be made as to the manner in which the summons was withdrawn. Having placed himself altogether in a false position, and having failed in the course he attempted, a ready and frank apology on Mr. CARPENTER'S part would have been the only suitable termination to such ill-judged proceedings. That course he hesitated to adopt, and so has challenged criticism on the matter.

We allude to the case (the Attorney-General *v.* Royal College of Physicians, L. J., 30, C., p. 768) referred to by Mr. BRIGNAL, who appears to have conducted Mr. BLACKETT'S defence with ability and judgment, only to correct the impression he conveyed, that the Vice-Chancellor's quotation of the argument of counsel was his judicial opinion. It is unnecessary for us to do more, as we do not see that any advantage would follow on our further discussion of an Act practically obsolete.

We cannot, however, close our comments on these proceedings without a few words specially addressed to the principals in this affair. There is nothing more lamentable and nothing more reprehensible than unseemly quarrels amongst medical practitioners. The members of our profession have much to contend with from the general community. Their intellectual acquirements, their scientific standing, their social position, their moral worth, are not always rightly or fairly estimated. In moments of professional anxiety they seek for professional support, and require professional sympathy. A common danger and a common cause surely ought to give rise to some reciprocity of feeling, if not of interests. In the daily experience of life, notwithstanding those small rivalries incidental to competition, when medical practitioners are prostrate and sick, who is first by his bedside and ever ready with his aid? His fellow-champion and fellow-rival in the battle with disease. Why, then, are little differences permitted to arise to mar social intercourse and occasion unnecessary scandal? Surely friends might with advantage interfere in such a case as this we have discussed to prevent gentlemen, doubtless possessed of many amiable and excellent qualities, from thus giving way to personal jealousies. Surely, without their interference, there should be on the minds of all men in practice not only a sense of professional respect, but also a conviction that the diploma of every college constitutes its holder the trustee of its honour, and the careful maintainer of the harmony essential for its dignity. Let us hear no more of such squabbles as this. We earnestly advise both parties to shake hands over their recent exhibition. It will afford us much pleasure to record that a gathering in Durham has been convened for a far different purpose than the one that has given occasion for these remarks—the reconciliation and good fellowship of two gentlemen, who, having quarrelled like schoolboys, should forgive and forget. We accordingly commend the matter to the consideration of their local brethren.

RATHER more than six years back the pages of this journal were the arena of a very lively discussion upon the physical and social consequences resulting from the employment of tobacco. One party regarded them as most detrimental to the welfare both of the individual and of the State. It saw nothing but overt disease in the present, and the degeneration of the race in the future, from the addiction to a luxury evidently on the increase. Another party laughed at such ideas as these; it saw in tobacco a balm not only for most bodily ills, but also for

> "The whips and scorns of time,
> The oppressor's wrong, the proud man's contumely,
> The pangs of despised love, the law's delay,
> The insolence of office, and the spurns
> That patient merit of the unworthy takes."

Whilst, according to the former, Sir WALTER RALEIGH had given to us nothing but a curse, in the belief of the latter he had bestowed upon us purely a blessing. Between these extremes of fanatics and enthusiasts was a third party, the voice of which, though at first drowned in the hubbub of the contending factions, gradually rose clear and resonant above the fray, and at length obtained for itself a calm and attentive hearing. Its words were fraught neither with alarm nor prejudice; they spoke the judgment of practical experience and of intelligent theory. It admitted that the use of tobacco must be regarded more as a luxury than as a necessity, and that the less a race was addicted to its general employment the better. But to hope for the entire abolition of luxuries was vain: human nature would exhibit its humanity. Moreover, such things could be used at a comparatively safe minimum as well as abused at a dangerous maximum. Now tobacco, it affirmed, was especially open to such practice. There was that about it which would allow of its employment not alone without harm to many of its advocates, but even with some advantage to certain of its devotees. All that was required was, that tobacco should be used, and not abused, and used only under certain necessary conditions. The party of reconciliation, however, frankly admitted that tobacco, as then employed, was open to condemnation, and that our social and sanitary reformers were not going beyond their duty in recalling society to a just recognition of the bounds within which the enjoyment of a seductive luxury must be kept, if the health and welfare of a people were to be considered. To this party we ourselves belong, and in two leading articles (THE LANCET, March 28th, and April 4th, 1857,) we attempted to lay before our readers a calm and unbiased judgment upon the controversy of the day. The result which we arrived at was, that there existed sufficient evidence to prove that the moderate use of tobacco (in the form of smoking), under particular circumstances, might be allowed, without injury to the individual, and without danger to the State. Further, although we were unsuccessful in discovering—what so many had concluded—that tobacco was at the bottom of the whole of CULLEN'S nosology, we maintained that abundant proof had been adduced in the correspondence in

our own columns and elsewhere, of the great evils which attended the abuse of tobacco, and that a long catalogue of penalties was accumulating against many peoples for their inordinate attachment to the pipe and to the cigar. Our advice in conclusion was, that the habit of smoking should be made to diminish amongst all (speaking generally), and that the youth of all countries should abandon it entirely.

We have not the least intention or desire to reopen the "tobacco question," as a general argument, in these pages. Not the smallest benefit would accrue from listening to the champions of extreme and prejudiced opinions. But we cannot help referring once more to the topic, as opportunity arises for making our readers acquainted with the inferences which have recently been arrived at by a physiological inquirer of no common industry and genius, upon the effects of tobacco in its relations to the health of individuals and communities. The facts and inferences to which we here allude were collected in part last year by Dr. RICHARDSON, for a paper to be read at the London meeting of the National Association for the Promotion of Social Science. The inquiry, however, was commenced too late for its completion in a way deemed fitting by the investigator. Its publication was, therefore, postponed until April of the present year, since which time the author has given us the results of his undertaking in a series of papers published in the *Social Science Review*, and the summary and conclusion of which appeared but the other day. In this inquiry every position has been founded on individual research, and though in some instances the research has rested on the previous labours of other inquirers, the evidence has been confirmed by new observation. Condensed into a few sentences the details of the recent inquiry will be found in the following summary.

1. The effects that result from smoking are due to different agents imbibed by the smoker—viz., carbonic acid, ammonia, nicotine, a volatile empyreumatic substance, and a bitter extract. The more common effects are traceable to the carbonic acid and ammonia; the rarer and more severe to the nicotine, the empyreumatic substance, and the extract.

2. The effects produced are very transitory, the poison finding a ready exit from the body.

3. All the evils of smoking are functional in character; and no confirmed smoker can ever be said, so long as he indulges in the habit, to be well. But it does not follow that he is becoming the subject of organic and fatal disease because he smokes!

4. Smoking produces disturbances in the blood, of the stomach, of the heart, of the organs of sense, of the brain, of the nervous filaments and sympathetic or organic nerves, of the mucous membrane of the mouth, and of the bronchial surface of the lungs.

5. The statements to the effect that tobacco-smoke causes specific diseases—such as insanity, epilepsy, St. Vitus' dance, apoplexy, organic disease of the heart, cancer, and consumption—have been made without any sufficient evidence or reference to facts. All such statements are devoid of truth, and can never accomplish the object which those who propose them have in view.

6. As the human body is maintained alive and in full vigour by its capacity within certain well-defined limits to absorb and apply oxygen, as the process of oxydation is most *active and most required* in those periods of life when the structures of the body are attaining their full development, and as tobacco-smoke possesses the power of arresting such oxydation, the habit of smoking is deleterious to the young.

7. In the main, smoking is a luxury which any nation of natural habits would be better without. The luxury is not directly fatal to life, but its use conveys to the mind of the man who looks upon it calmly the unmistakable idea of physical detriment.

8. But as a luxury tending to this condition, it is probably one of the least hurtful of luxuries. It is on this ground, in fact, that tobacco holds so firm a position: that of nearly every luxury it is the least injurious. It is innocuous as compared with alcohol; it does infinitely less harm than sugar (?); it is in no sense worse than tea; and, by the side of high living, altogether it contrasts most favourably. It is most antidotal to gluttony.

9. Tobacco may also be considered, in certain cases, as a remedy for evils that lie deeper than its own, and as such a remedy it will persist in holding its place until those evils be removed.

We wish space permitted us to do more ample justice to Dr. RICHARDSON's inquiry. The striking paradox involved in his statement regarding sugar, however, requires explanation.

PARLIAMENT has never issued a blue-book weightier in every sense of the word than the Report of the Royal Commission on the Sanitary State of the Army in India. It is a crowning evidence of the sagacity of Lord HERBERT, who ordered the Commission, and of the zeal and faithfulness of those who have so laboriously worked out his desire. Our review in another column will give an idea of its contents; it can hardly adequately express its immense importance.

In spite of its revelations of ignorance, carelessness, and inconceivable torpidity, which throughout the length and breadth of India have for more than a century permitted men's lives to be cast away as if GOD'S precious gift were a thing of no account, this book yet makes us feel that England is not unworthy to hold India. A nation that can thus probe its own shortcomings, and publish honestly to the world its errors and its repentance, may still hope to be the instrument in the hand of Providence of awakening to light and knowledge and happiness the clustering population of that vast peninsula.

Professedly occupied with the sickness and mortality of the English soldier, this Report has really a deeper aim, and will exert a profounder influence. It has proclaimed the undeniable truth that the health of the British soldier is inseparably connected with that of the people among whom he serves, and that this also must become the subject of imperial care. It urges upon the Government the immediate commencement, in all the great cities of India, of those statistics of life and health which are the very basis of our sanitary knowledge. And thus, while working out its special object—the improvement of the health of the European soldier, it provides for those large questions which in these days no statesman and no country can neglect.

Of the appalling loss of European life in India our review has given some idea. But let the imagination embrace all the concomitants of this vast mortality: the suffering, the agony, the restless days, the hopeless nights; every phase of human misery—and these are not few—are among the results of that splendid enterprise which has won India for the Crown. Has

the jewel been worth the cost? Has the sacrifice which, on an average, every man who serves his time in India makes of twenty-two years of life been repaid by a commensurate benefit to us or to those we rule? Who will dare to answer in the affirmative? Who will dare to say that as yet, when we have weighed the cost, we have any counterbalance which will not kick the beam? In the future, it may be, we may look back on all the blood which has been shed as the necessary preparation without which human infirmity cannot advance on its path of progress. But at present we cannot lay this unction to our soul; and whether our children may do so will depend on the way in which we receive and act on such works as the elaborate Report in question.

To collect together evidence from all parts of India; to call before them the men of largest and most matured experience; to probe the evidence to the bottom, and then to state conclusions and to suggest an action, have been the duty of the Royal Commission. But here their duty ends; and it is now the part of the country at large to take the matter up, and to see that this Report is no dead letter, but is made vital with the will of a conscientious and determined people.

The Report has recommended, in addition to numerous measures of the highest importance, that a Sanitary Commission be at once established for each Presidency; and that these bodies be worked in connexion with the War-office Commission, supplemented by two officers of the Indian Government. We would most strongly urge the Government to lose no time in initiating this course of action. Commissioners should be appointed at once. Men who will not sleep at their posts, but who will urge on this great work with the fire of a true enthusiasm, must be selected; and their labours must be supervised and sustained in this country by the energetic men who have issued this Report. We are convinced that without this system of organized and responsible action the labour of the Commission will be labour lost. After a temporary flow the languid stream of Sanitary Reform in India will be but too soon clogged by official apathy or distaste; and we shall continue to see a company of a hundred men still disappearing from a European regiment every twenty months; and we shall still witness in all the large towns of India the spectacle of a people ignorant of the commonest appliances by which human health is preserved and mortality is avoided. After the revelations of the Commission, inaction becomes both a crime and a folly: a crime, because it is a neglect of the highest duty; a folly, because it must be ultimately destructive of our rule. We cannot for any term of years sustain the drain of men which the possession of India entails on this country; an instinct of preservation must make us economical of life. Now, at the commencement of a new system by which India is no longer the property of a private company, but the chief dependency of the Crown, let us inaugurate this great reform. Let us make the British soldier in India what he is fast being made in this country, one of the healthiest citizens of the State; and in doing this we shall at the same time necessarily enforce the laws of health among the dense population who are to benefit by our wisdom or to suffer from our neglect.

NITROGEN IN BREAD.—M. Barral, who is pursuing a series of experiments on the chemistry of bread-making, has shown that the crust of bread contains more nitrogen than the crumb, in the proportion of seven or eight per cent. to two or three per cent. He says that the soluble part of crust contains more nitrogen than the juice of meat.

Medical Annotations.

"Ne quid nimis."

MUSCULAR MARTYRDOM.

AT no other time than the present have the youth of England shown a manlier character or a more courageous love of field sports and such active recreations as require and foster endurance, pluck, and energy. To toil at the oar—to scout through a hot summer's day in the field—to strain every muscle in hurling the ball, or to risk every bone in repelling it from the wicket—to climb, to ride, to walk, with a vigour and skill and hard endurance which are unrivalled in any other nation of the world,—these are the peculiar pleasures of the wealthiest as of the humblest Englishmen. In admiration of these qualities, even the excesses of a prize-fight are to some extent tolerated; and in the tense rivalry of generous emulation the powers of the bodily frame are often severely overtaxed, until in some cases the overstrained cords snap, and the men, like horses in a race, "break down." It is to this point that we call serious attention.

We may easily have more than enough even of a very good thing. Muscular Christianity may be cultivated with the most useful enthusiasm, but sincerity needs not to seek the crown of martyrdom. No exercise is more healthful than that of rowing. It strengthens all the muscles; it braces and expands the chest; it aids the oxygenation of the blood, and the rapid renewal of all the tissues. Followed rationally by a healthy person, there is no form of physical exercise which can be more strongly recommended; on the other hand, there is good reason to affirm, from observation of recent matches, that there is none more capable of dangerous abuse. Under the high-pressure system of training and the enormous efforts for repeated distinction which we now often witness, it is becoming no uncommon thing to see men break down severely; to hear that such a man, the best oar on the river, has "knocked off," and is ordered by his physician to retire to a warm climate; and that another has broken a bloodvessel, and will never row again. Not to point a moral by an unduly gloomy retrospect, and merely to speak of facts under public notice, and which everyone can verify, we will only allude to the incidents of such racing as that at the Henley regatta. No accident happened there, and, for aught we know, every man who rowed is now enjoying the highest possible glow of health and vigour. We trust it is so; but the distressing over-exertion of many of the men has been brought to our special notice by one of the finest oarsmen and amateur champion rowers of the kingdom. It was obvious, he observes, that many of the men rowed for too many races, and consequently over-taxed their physical powers to an extent injurious to themselves and painful to all who were present at the different races in which they were engaged. Thus the stroke oar of the University College crew was so much distressed at the conclusion of his sixth race that he was obliged to abandon a race in which he would otherwise have been subsequently engaged: and this is not to be wondered at, for on the first day he rowed in two four-oared races, and also in one eight-oared race; and on the second day he rowed in two eight-oared races and one four-oared race,—making altogether six races, most of them being strongly contested. Again, the stroke oar of the Brasenose four (their adversaries in one of these races) was so utterly done up at the finish of the race that for the moment he appeared to lose all control, let go his oar, and almost upset his boat; and after this his name was down for two other races. Luckily both of them were undisputed, or the consequences might have been serious. His work for the two days was four eight-oared and two four-oared races, a sculler's and a pair-oared race. Even this large amount of work—too much for any man—might accidentally have been considerably increased. At another regatta—the last Bedford regatta—it is

stated that this system was carried to so great an extent, that one young man actually rowed over the course eight times in the same afternoon, and attempted to do so a ninth time, but was unable through exhaustion to row over more than half the distance.

It is hardly necessary to point out to how serious an extent the abuse of a manly and healthful exercise is likely to damage the health of those who yield to it. The pace at which these races are rowed is now enormously swift, so that a race is "one continued spurt," and consequently the more distressing and exhausting to those engaged. There should be a limit put to the physical strain thus endured. Let some order be taken. *Sint certi denique fines.* It is suggested that a rule should be enforced at the various regattas to the effect "that no man be allowed to enter for more than two prizes at this regatta the same year." This is a matter of detail on which we cannot advise. But the friends and guardians of our young rowing men will to some extent think for them in this matter, if the abuse of this noble exercise be not checked. We are not disposed, at "a distant view of Eton (or of any other) College," to summon up the vision of the grisly cohort of diseases which the poetic imagination beheld awaiting the "little victims" at their play; but all the University and College crews, and amateurs generally, may be the better, in the opinion of other and more experienced oarsmen than ourselves, for the caution that boating should be followed with vigour and perseverance, but not with immoderate and dangerous exertion.

THE GROSVENOR-PLACE SCHOOL OF MEDICINE.

THE session now coming to an end will, we learn, be the last of a medical school which has rendered great services in the hands of the distinguished men who founded it, and which has never, throughout a long and important career, failed in its useful mission. The lease of the land occupied by the Grosvenor-place School, adjoining St. George's Hospital, will expire early next year, and the ground will fall into the Grosvenor estate, and be required for other purposes. The circumstances under which the school was established have long since undergone considerable changes, and the need which called it into existence is no longer felt. When established there was no anatomical school at St. George's; and the schools at that hospital and at St. Mary's Hospital have completely provided for all those students who once flocked to the school in question.

We do not possess the materials, nor have we space for a fitting record of the Grosvenor-place School, but its associations are of great interest, and must form an important part of any connected history of anatomical teaching and medical education in this country. It connects the past with the present systems, and was the direct and immediate successor of the celebrated Windmill street School, the school of the Hunters.

So late as 1828–9 the pupils of St. George's Hospital and of Middlesex Hospital obtained their anatomy at the Hunterian School of Anatomy, and from Mr. Brookes, in Blenheim-street. Their other lectures were attended, for the most part, at the private houses of different teachers, with the exception of those on Anatomy and Chemistry, which were delivered at the Royal Institution by Professors Brande and Faraday. But at this date a lecture-room was built at St. George's Hospital, by permission of the governors, for the teaching of every branch of medical study except Anatomy and Chemistry. At this juncture the Hunterian School of Great Windmill-street, then conducted by Dr. Mayo and Mr. Cæsar Hawkins, was offered to Mr. Lane and to several other gentlemen. Eventually Mr. Gregory and Mr. Bushell undertook to carry it on. The lecturers at St. George's Hospital were to open their new school on the 1st of October, 1830, and were endeavouring, but in vain, to obtain ground for an anatomical theatre, museum, and dissecting-room in the immediate vicinity of the hospital. Mr. Lane had been engaged, with the sanction of Sir B. Brodie and the hospital staff, in looking out for premises suitable for this purpose. The house, No. 1, Grosvenor-place, with a strip of garden, happened to be vacant and to let at this period, a few months before the opening of the new school at St. George's. Mr. Lane took a lease of this house, and built, under this emergency, an anatomical school on the premises, and commenced, with Dr. J. A. Wilson, one of the physicians of the hospital, to teach anatomy, in conjunction with the hospital school, which opened on the same 1st of October, 1830. The Grosvenor-place School was carried on by the same gentlemen, Mr. Lane and Mr. Harrison, as the Anatomical School in connexion with St. George's Hospital, till the year 1834. At this date a contested election took place for an assistant-surgeon at the hospital; Mr. Lane was a candidate for this office. The election gave rise to a division of interest among the lecturers and hospital staff; in consequence of which a new anatomical school was built in Kinnerton-street in opposition to the Grosvenor-place School. Some of the lecturers of the Hospital School were desirous of resigning their posts there and of joining Mr. Lane in establishing a school complete in all branches of medical education. The premises in Grosvenor-place were enlarged for this purpose. The lecturers thus joining Mr. Lane were Dr. James Arthur Wilson, Mr. Walker, Mr. Stone, and Dr. H. Davies.

From that time until 1854 the school was conducted by Mr. Lane, with a staff of lecturers varying in number, but always of the highest efficiency. In 1854, the school of St. Mary's Hospital was established, and Mr. Lane then transferred the now flourishing museum thither; and with him went several other of the lecturers—Dr. Sibson, Mr. Spencer Smith, Mr. James Lane, &c.—both he and they being officers of the hospital, and having taken an active part in the foundation of St. Mary's Hospital School. The Grosvenor-place School was, however, vigorously carried on by a committee of lecturers from that time; the anatomical teaching falling into the hands of a very able French prosector, M. Deville, then resident in this country from political reasons. Lately, however, the school has greatly languished, the institution of the schools attached to St. George's and St. Mary's Hospitals having obviously cut away the main sources of its prosperity.

The school has rendered great service in its day. Amongst its professors may be enumerated—besides Mr. Samuel Lane, the founder, and for so many years known as perhaps the ablest and most successful teacher of anatomy in London—James Arthur Wilson, T. A. Stone, Henry Davies, Walker (of St. George's), Harrison, Geo. Blenkins, Vesalius Pettigrew, Pilcher, Liston, H. Chapman, Ancell, Ancram, Lankester, Theophilus Thompson, Goolden, Sibson, Spencer Smith, James Bird, J. E. D. Rodgers, James Lane, Prof. Halford, William Adams, Spencer Wells, R. W. Richardson, Ballard, and others. This list includes names which speak for themselves. It was one of the traditions of the school, however, that the most distinguished men were not always the best teachers: one of the least effective of lecturers was said to be the illustrious Liston. It was often the home of unattached talent, and many able men here first established their claims to distinction. In the thirty years and more which have passed since its first establishment in 1830 up to the present year, upwards of one thousand pupils have entered there and been educated for the medical profession. This is a great contribution to the cause of medical education, and any man may well feel proud of having founded and so long carried on an institution of such value and importance. Among the names of some of the more prominent hospital teachers, surgeons, and eminent practitioners educated at this now dying alma mater we find those of W. E. Page, A. J. Sutherland, C. J. B. Aldis, Charles Guthrie, Baker Brown, Emmott, Gream, Thomas Jervis, Prescott Hewett, Hoare, Malton, Blenkins, J. C. Hall (of Sheffield), H. C. Harris, George Pollock, Humby, J. R. Lane, C. Babington, A. T. H. Waters, Holthouse, Du Pasquier, Godrich,

Guazzaroni, G. G. Gascoyen, Ernest Hart, Sercombe, and others. It will do no more towards the good work so long carried on within its precincts, but it will surely live in history and in the memory of those to whom it first opened the portals of the profession, and it claims now the good word of all.

MEDICAL CLAIMS TO THE CORONERSHIP.

THE first anniversary of the election of a successor to fill the place of the lamented Thomas Wakley as a coroner for Middlesex has just occurred, and has been made the occasion of a fitting celebration among some of those who in the late contest rallied around the medical candidate, and by their great and continued exertions succeeded in overcoming the powerful opposition of a strong legal and political combination, and inducing the electors of the Central Division of the county deliberately to ratify a principle highly important to our profession by selecting anew a medical coroner. On that occasion, as on many others when questions of the highest importance to the general interests of the profession have been at stake, most of those who are fain to claim the title of leaders of the profession, and who do in fact monopolize many of its honours and dignities, showed a cautious and gentleman-like apathy. Some of them consented to "lend their names" to the committee; but with that gracious condescension their activity ended, and this exhausted alike their energies and their liberality. Had the medical candidate failed in that struggle, a most serious injury would have been inflicted on the entire profession. The public posts of honour, trust, and emolument to which medical practitioners can aspire in virtue of their profession are but too few; and this post of coroner is precisely one of the few—and perhaps the most important and valuable—which education, knowledge, and social circumstances fit the medical man to fill with the greatest advantage to the country. The whole issue was, however, broadly reopened on this occasion; and had an adverse verdict been obtained by the great exertions and considerable influence brought to bear by the legal party in the Middlesex election, a serious discouragement would have resulted to the cause of all medical candidates for the like office throughout the country. That the victory was won, was due, we say, with few exceptions, not to any councillors and examiners of any of the Colleges of Surgeons, but to the public spirit of several influential general practitioners, the active energy of some younger men who gave mental and physical labour to the cause, and to the warm sympathy and friendliness of the general body of the profession throughout the district. The specious farce of "leading" never broke down more palpably and thoroughly. That sham is not yet completely exploded, but in that contest it received a terrible exposure. The profession in London achieved, however, then, their own triumph; and its moral influence has been widely felt. Dr. Lankester has proved an excellent coroner; his general, medical, physiological, and scientific lore has been brought into relief in numerous delicate investigations, and his conduct of the various inquiries has been unexceptionable. The medical coroner of Central Middlesex contrasts so favourably with the legal coroner of the Western Division, that the electors of that division are not likely, we imagine, on any future occasion to repeat the error of committing the office to other than medical hands. In the course of the year several coronerships have fallen vacant, and in nearly every instance they have been filled by the election of medical candidates. When the founder of this journal stood forward to vindicate for our profession a superior claim to this office over any which a lawyer could possess, the tide of feeling was strongly in favour of legal candidates. Mr. Wakley was almost alone as a medical coroner; but when he died, his example and his influence had been so powerful that there were already upwards of sixty such coroners; and the number has further increased, since by Dr. Lankester's election to fill his place the important principle which he typified was again successfully asserted in the face of the world. We trust that in all parts of the country this matter will be kept in view. The inquiry into causes of death, which is the essence of the coroner's office, is so completely medical in its details, that it should be regarded as an appanage of our profession. If the practitioners of any part will unite, they will always succeed in returning a medical candidate. No profession can have so much local interest as our own; and in a case where the arguments at hand are so overwhelming in their force, a victory should be won on every successive vacancy. We hope to be able to record at the end of next year that every coronership which may become vacant in the interval shall have been filled up by the election of a medical practitioner. The profession should keep an eye on these appointments, and be alive to the importance of the matter from the first. Unanimity is essential. If necessary, a meeting of the practitioners around should be held to decide on a candidate; and finally, by united and energetic action, we should see every coroner in the country belonging, as he should do, to our profession.

COUNTER-PRACTICE.

WE have often recorded instances in which the evils of counter-practice have been apparent. The following case, in which Mr. Bedford, Coroner for Westminster, held an inquest in the Vestry-room of St. Martin-in-the-Fields, on the body of Henry Stewart Phipps, we publish without comment:—

From the evidence it appeared that the deceased, who lived with his mother in Robert-street, Strand, was attended by Mr. Wellspring, chemist, of Chandos-street, having been seized with a fit, from which, however, he soon afterwards recovered. On Friday, the 3rd inst., on becoming very ill, the mother again took the deceased to Mr. Wellspring, who said it was suffering from a gathering in the head; and at that time a discharge was taking place from the nose. Medicine was given to deceased, consisting of a powder composed of calomel and sugar, and a draught; but the child growing much worse on Saturday evening, Dr. Watkins was called in, who at once found that the deceased was in a dying state, and had evidently been improperly treated. The deceased never rallied, but expired about three o'clock on Sunday morning. An examination of the body had been afterwards made by Dr. Skegg, of St. Martin's-lane, who found the cause of death to have been diphtheric croup; and he (Dr. Skegg) further stated that if the deceased had been properly attended and examined, he had no doubt the cause of illness would have been found, and perhaps life saved.

Edward Hobson, the assistant to Mr. Wellspring, deposed to the deceased having been seen by his master as well as himself. It was thought that there was a gathering in the head, and medicine in accordance with that opinion was given. He was not duly qualified, but frequently saw cases in the absence of his master.

Dr. Skegg said the medicine given was perfectly harmless; but at the same time the discharge at the nose which had been seen was almost complete evidence of diphtheria.

The Coroner having summed up, remarking strongly on the absence from the inquiry of Mr. Wellspring, the jury returned the following special verdict:—"That the deceased died from diphtheric croup; but they consider that life might have been saved if proper medical treatment had been obtained; and they further express their surprise, under the circumstances, at Mr. Wellspring's absence."

The Coroner said he quite agreed with the finding of the jury; and the inquiry, which lasted some time, terminated.

A "SPECIAL" DISEASE.

WE commend to the notice of the profession the following extract from the last report of the house in Marylebone-street,

where the surgeons treat "Stone in the Bladder and Urinary Diseases." The *italics* are our own, and mark passages peculiarly worthy of attention :—

"There is no class of disease more distressing and calamitous in its results than that which this hospital has been founded to relieve; and there is no class of disease *which requires more special study*, and none, therefore, which has a greater claim upon the benevolent for the establishment of *a special hospital. The delicacy required in performing all internal operations, such as the removal of stone from the bladder*, requires not only experience and practical knowledge on the part of the surgeon, but also peculiar hospital arrangements to render the chances of recovery as certain as possible. Chemical analysis, which is the only true means of diagnosis in diseases of the kidneys and other urinary organs, requires special appliances and length of time which cannot be expected from those noble institutions which adorn our metropolis—the large general hospitals. . . . From no less authority than the reports of the Registrar-General it is seen that, while deaths from all other diseases have notably diminished in proportion to the population, the deaths from stone and other diseases of the urinary organs have been on the increase. In 1847–48 and 1849, the deaths from urinary diseases were respectively 2951, 2830, 2950; and in 1858–59 and 1860, they were 4683, 4736, and 4990, showing the average of each three years, that ending in 1849 averaging 2910, and that ending in 1860, 4803, or very nearly double. This can only be accounted for by the special attention paid to sanitary regulations, and the causes and treatment of other classes of diseases, *while sufficient attention has not been given to urinary complaints.*"

REPORT OF THE ROYAL COMMISSION ON THE SANITARY STATE OF THE INDIAN ARMY.

No. I.

HE who can most readily realize the feelings of Dante when, in his passage through the Infernal Regions, he descended into Malebolge, will best conceive the impression conveyed by the Report of the Royal Commission on the Sanitary State of the Indian Army. Appointed in May, 1859, this Commission terminated its inquiries in May of the present year, and its Report was in the course of the past week made public. The unusual length of the investigation was due to several causes. At the outset it was found needful to institute a preliminary local inquiry at all the Indian stations before a true estimate could be formed of the conditions of the problem with which the Commission had to deal. The delay to which this led was augmented by a somewhat protracted suspension of the meetings of the Commission, arising in a great measure from the declining health of the first chairman, the late Lord Herbert. The recent Commission, like the Royal Commission of 1857 on the Sanitary Regulations of the Army, was originated by that lamented nobleman; and the former Commission was the necessary complement of the latter. The investigations into the conditions influencing the health of the soldier, forced upon the Government and the military authorities by the great catastrophe before Sebastopol in the winter of 1854-55, may now be looked upon as completed. The Report of the Indian Cholera Commission of 1861* had to some degree prepared us for the final results. Every Indian station, almost without exception, as was every English barrack three years ago, is to a greater or less extent a domestic version of Scutari and its hospitals. The Crimean disaster was but an exaggerated reflex of the normal condition of things affecting the health-status of the soldier, in time of peace, at home and abroad. This, indeed, was to have been gathered from the great writers on military hygiene; but the truths they taught were not to be brought home to the governing powers until clinched by disaster and confirmed by the authoritative examination of a Royal Commission.

If the Report of the Indian Commission were to be judged by its bulk alone, it would claim a lofty place in the reader's estimation. Together with the minutes of evidence, appendices, and reports on the different stations, it forms two mighty volumes which would test the courage of the most enthusiastic blue-book reader. The huge size of reports has often been one of the most formidable obstacles to the dissemination of Parliamentary literature. But in the present instance, thanks to the chairman of the Commission (Lord Stanley), a method of publication has been adopted which it is to be trusted will become the rule in all Government inquiries in which much evidence is taken. The Report of the Commission, with an able *précis* of the evidence, is published separately in a handy octavo volume, which would not tax the patience even of the most busy.

The data from which a correct notion has to be derived of the sanitary condition of the European soldier in India are, in several important respects, defective. One of the first and most weighty consequences of the present inquiry must be the accurate registration, on a systematic plan for all the three presidencies, of the facts most intimately connected with the health-status of the soldier. This want has been in part anticipated by the extension of the scheme of vital statistics adopted by the Army Medical Department to Indian stations. Meanwhile, the data which have been reduced and subjected to discussion by the Commission disclose an almost incredible waste of life. During the present century the annual rate of mortality amongst the East India Company's European troops amounted to no less than 69 per 1000. In the healthy parts of England and Wales, 8 out of every 1000 men of the soldier's age die annually; in the unhealthiest parts of England and among the unhealthiest trades the mortality is at the rate of 12 in 1000. Thus, taking the English standard, besides deaths from natural causes, 60 head per 1000 of our troops perish in India annually. At twenty years of age the mean after-life-time in India is diminished, as compared with England, nearly 22 years.

But a remarkable difference is observed in the rate of mortality among different classes of the European population of India. The annual death-rate among officers in India has been hitherto 38 per 1000—little more than half that of the non-commissioned officers and men. Again, among the civil service the death-rate does not range higher than 20 per 1000—a rate which approximates to the highest average mortality occurring among the native troops. An equally great difference it is to be presumed, if the data admitted of a just comparison, would be observed between the constant sickness rates of the various services, European and native. In Bengal the average constant-sickness rate among the European troops is 84 per 1000. "With this amount of sickness, an army of 70,000 British in India has, so to speak, a vast hospital of 5880 beds constantly full of sick, and loses yearly by death 4830 men, or nearly five regiments."

Officers, civil servants, and native troops are alike exposed to the same climatic and local conditions as the European rank and file: whence, then, arises the vast disproportion between the waste of life among the different services and classes of the European population? The diseases most inimical to life are the same in each case—to wit, fevers, dysenteries, diseases of the liver, and epidemic cholera. Three-fourths of the mortality among European troops serving in the presidency of Bombay between 1830 and 1846 was, according to Sir Ranald Martin, due to these endemic diseases. The most influential and persistently active cause of disease is also the same in each service and class of population. Writing of British troops, the great authority just referred to says that, "taking any one cause, he would say that the union of heat, moisture, and malaria constitutes the most powerful one in destroying the integrity of the European soldier's health, and conducing to his fall by disease."

To learn the sources of the extraordinary proclivity of the European soldier to disease in India, and its fatal effects upon him, it is requisite to trace his history from the time of leaving these shores. Too commonly he is sent away unformed; and

* THE LANCET, June 27, 1863.

until very recently, on his way out, he was apt to acquire —thanks to a liberal spirit-ration—a taste for ardent spirits, or, if the taste had been already acquired, to have it fostered. If there be one evil habit among soldiers in India having a pre-eminence of mischievousness, it is dram-drinking. Military and medical officers alike condemn the practice. The Commission give a prominence to the questions arising out of it commensurate with their importance. "The great disease with officers and men," said Sir Charles Napier, "is drink. ... Why, their ration is *two drams* a day, and *eight* of these drams make a *quart bottle!* So the sober soldier swallows *one-fourth of a bottle* of raw spirits every day!" To tempt the soldier from the canteen, efforts have been largely made by commanding officers to provide athletic and other means of amusement. But the establishment of these means, as well as of other benefits, is dependent upon a tax levied upon the spirits sold to the soldier! "There is, as it were," says the Commission, "a tacit encouragement for the soldier to drink that which is admitted to be injurious to health, in order that he may be benefited in other ways which may be conducive to health." On landing in India, the soldier, if unformed, is subjected to a course of drill most trying to the physical powers and detrimental to health under the intense heat; if formed, he has before him a life of weary and over-fed idleness. "He rises at gun-fire; attends his parade or drill, over soon after sunrise. He then returns to his barrack, and during the hot season he is not allowed to leave it till late in the afternoon. At one o'clock he consumes a large amount of both animal food and vegetables, porter (perhaps a quart), and spirits. He has few or no means of occupying himself rationally. He lies on his bed and perhaps sleeps most of the day. He has his evening parade or drill; and his turn of guard duty once every five, seven, or ten days. Even at home this kind of regimen would be far from conducive to health. In India, both physically and morally, it helps to destroy it in men in the prime of life, with abundance of nervous power to dispose of." For the rest, he is constantly exposed to miasmatic and malarious influences of a character such as very nearly to exhaust the descriptive powers of the Commission. Every native town, every bazaar contiguous to a cantonment, and every encampment of native troops, is a veritable Malebolge,

> "Holding sharp converse with the sight and smell."

Nay, still following Dante, we might go further, and describe the natives as

> "A crowd immersed in ordure, that appeared
> Draff of the human body."

There is not a station which does not suffer more or less from contiguity with native habitations, and which itself does not suffer from a bad site or grave sanitary defects, or both, and more particularly from an imperfect and probably polluted water supply. But European troops are less exposed to the evils arising from these sources than the native troops, and they are affected by them to a great degree in common with their own officers and the civil service. Again, the much lower degree of mortality among the officers and civil servants shows that climate has little of itself to do with the exaggerated mortality among the soldiers. The source of this is to be further sought in some circumstances peculiar to the soldier's life. There is but one class of the native community which is placed under conditions of aggregation and comparative inaction at all approaching those in which the soldier is found—namely, the prisoners in jails. Now the mortality among the Indian prisoners approximates to that observed among British soldiers. It is in the very conditions of aggregation and inaction, moreover, that the British soldier differs most widely from his officer, the members of the civil service, and the native troops. It would almost seem as if the barracks of our Indian Army were contrived as condensers of the malarious and miasmatic influences to which the troops were exposed. In short, the enormous sickness and mortality of the European forces in India may be traced to certain well-understood causes. The extent to which these may be remedied, and the measures requisite for their removal, are questions of too great importance to be dealt with at the end of an article. We shall postpone their consideration, therefore, until our next impression. "It is impossible," says the Commission, "to evade the conclusion that a great part of the sickness and premature mortality of the Indian Army is due to preventable causes. In times past climate has been popularly blamed for results which would follow in their degree similar causes anywhere. Our inquiry has shown that the causes must be sought in defective sanitary condition and in bad habits, and it is to the correction of these that we must look for diminished mortality and increased efficiency. In the words of Miss Nightingale, 'it would require very strong evidence indeed to convince the people of this country that the epidemics which have devastated India arose from any other causes than those which the statistical returns and the evidence prove to exist in what one may call a state of absolute perfection in the Indian towns, but which have been removed with entire success in this country.'"

Correspondence.

"Audi alteram partem."

THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—In your most important and valuable series of articles on the conduct and constitution of the Council and Examining Board of the College of Surgeons, in which you have led the way to the recent triumph and consolidated its effects, you repeatedly make the statement that Mr. Cæsar Hawkins is a perpetual examiner. I find by the charter that the examiners are to be elected every five years. I see no trace of the special exemption which you attribute to Mr. Hawkins, and which would enable him to defy the verdict of the Fellows, that he has held office sufficiently long in the College for one spell. Does this exemption really exist? and if so, whence is it derived? Allow me also to ask, who are the perpetual members of Council of whom you speak? and further, how was it that, as Mr. Coulson resigned a year before his time, and there are three annual vacancies by retirement according to charter, there yet were only three vacancies altogether? Who will be the retiring members next year? Pardon my asking so many questions; but, although a Fellow of some years' standing, the mysteries of the Council and its doings are quite beyond my or any ordinary comprehension.

I am, Sir, your obedient servant,

July, 1863. Y.

*** It is difficult to answer briefly this comprehensive list of queries.

1. The resignation or death of any member of the Council saves one member from retiring in rotation. It is the senior of the three who would have retired who is thus saved for that year. By a singular arrangement, however, the junior elected candidate on the ensuing election is considered to have taken the place of the resigning member, and, instead of remaining on the Council for the full term, must go out when the gentleman whose place he takes would have gone out.

2. The retiring members next year will therefore be Mr. Shaw, Mr. Gulliver, and Mr. Hancock. The anomaly of Mr. Hancock having to offer himself for re-election within a year of his appointment is owing to the fact that, according to College rules, he is considered to be sitting in the place of Mr. Coulson, who would then have retired in due order.

3. The life-members of the Council are Messrs. Lawrence, Green, Swan, Arnott, and South.

4. We are unable to state whence Mr. Cæsar Hawkins derives the exemption from re-election as an examiner, in accordance with the terms of the charter. We have understood, however, on very good authority, that the fact is as we have stated it.—ED. L.

ON THE TREATMENT OF ACUTE HEPATITIS IN ITS SUPPURATIVE STAGE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 6th ultimo, there is an article on the treatment of Acute Hepatitis in the suppurating stage, on which I desire to make a few remarks.

I quite agree with Dr. Cameron that it is of "vast importance to come to a right decision as to what should be done with a patient so unfortunate as to have an abscess in his liver." A little further on Dr. Cameron proceeds to show that in his judgment the "right decision," when the abscess is matter of "certainty," is to plunge a trocar into it; when a matter of "suspicion" or "faith," to explore the liver with the same instrument in search of the abscess. Dr. Cameron maintains "that we are both justified and safe in endeavouring to hit upon it (the abscess) with a trocar when deep-seated, avoiding the gall-bladder and large veins." Having had some experience of the results of this "prospecting"—to use a gold-hunter's expression—for pus in the liver, I venture, in behalf, not only of those "younger brethren" to whom Dr. Cameron mainly addresses himself, but of their future patients, to enter my protest against it.

Deputy Inspector-General Cameron in support of his views cites the opinion and practice of the late Inspector-General Murray, who, by precept and example, was an earnest advocate of liver exploration. Now, when Dr. Murray first landed in India I was a young assistant-surgeon in the Madras Army, doing duty with one of her Majesty's regiments, and of course under the professional orders of Dr. Murray. Circumstances threw me into very intimate professional relations with the Inspector-General, which resulted in an intimacy that terminated only with his life. Dr. Murray was an able and energetic administrative medical officer, a good operating surgeon, but fond of novelty and very adventurous. Until he landed in Madras he had no experience in tropical disease, save what he had gathered in private practice at the Cape of Good Hope among invalids from India, who at that time resorted to the colony in search of health. Whether or not Dr. Murray took up the notion of "prospecting" with a trocar for abscesses of the liver from "Indian hakims" I cannot say; it is quite true that he put it largely into practice, and that he urged it with untiring zeal on all who came under his orders and influence. I was present at a great many of Dr. Murray's explorations in cases where the abscess was matter of "faith," and more legitimate operations where it was a matter of "certainty," and at this distance of time vividly remember the details of the single case that had a fortunate issue in the person of a soldier of the 57th Regiment, left after the operation under my care in the Queen's Garrison Hospital at Madras, after the man's regiment had embarked for England. In this case the abscess was in the left lobe of the liver and pointed near the epigastrium, a fact the full significance of which will be more evident by-and-by. Dr. Murray shortly afterwards proceeded to Bengal, where his valuable life was cut short by an attack of dysentery, and with him died the short-lived practice of thrusting trocars into the liver in search of abscesses of unknown site.

Dr. Cameron regrets the want of accurate statistics on the subject of hepatic abscess, but the numerical method has been more applied to elucidate this subject than he seems to be aware, and the results do not tend to support his favourite operation. Dr. Waring, of the Madras Army, has collected eighty-one cases in which hepatic abscesses were evacuated by surgical means; of these sixty-six died, and fifteen recovered. The whole of Dr. Murray's published cases are included in this statement. Morehead, in his Clinical Researches, gives us twenty-four cases in which the operation of puncture was performed; of these five recovered completely; the history was incomplete, but recovery probable, in two; and in another case the patient died in a year from a second abscess. In all the successful cases the abscess pointed at the epigastrium or at the margin of the right ribs above the level of the ninth. The abscesses were all of moderate size, and from their position it might be inferred that they had formed in the thin part of the left lobe, or in the thin edge of the right. So much for the successful cases. In thirteen out of sixteen fatal cases, gangrene of the tissues around the punctures and the subjacent structures followed the operation.

For more than ten years I was Residency-Surgeon at Hyderabad, in the Deccan, and during that long period had an immense field of observation before me. I gave this operation of puncturing hepatic abscesses a very patient trial in native patients, without a fortunate issue in a single example. The operation was performed in a variety of ways; in every case the existence of pus was well ascertained, both from the physical and constitutional symptoms; in no case was there any "prospecting" on "faith" or "suspicion." Sometimes a valve-opening was made with the view to exclude as much as possible the entrance of air into the sac of the abscess. In other cases the opening was made with a trocar, to which was attached a canula furnished with a stop-cock, which was opened from time to time. In some a simple trocar was used after the manner so confidently urged by Dr. Cameron. In all the result was the same; sooner or later, gangrene of the tissues around the puncture ensued, quickly followed by the death of the patient.

For two years and a half I have been in charge of the Medical Division at Fort Pitt, and latterly at the Royal Victoria Hospital, Netley. The whole of the invalids from the tropics, labouring under medical disabilities, have passed under my observation, before being sent to their homes or depôts. During this period I have seen a great many patients who had discharged hepatic abscesses by the lungs or the bowels; indeed, I can hardly call to mind a month when one or more such cases were not under observation; but I have seen only two cases where the abscess had been discharged artificially through the abdominal parietes,—both are in the Royal Victoria Hospital, Netley, at this time, and I did not fail to point out to the young medical officers studying in the wards, not only the extreme rarity of such cases among the invalids, but the fact, already more than once adverted to, that the cicatrix of the abscess is in both cases in the epigastrium, showing that the site, like the vast majority of the successful cases recorded, had been in the left lobe of the liver. This fact is commended to the careful consideration of Dr. Cameron. The truth is that, if we except these comparatively rare cases in which liver abscesses burst into the pericardium or the peritoneum, the worst route an abscess can take is to the surface, unless it be small and situated in the left lobe. The route that gives the largest per-centage of recoveries is unquestionably that through the right lung; next in order is the route by the bowels. And this gives the strongest possible argument against exploring the liver with needles and trocars whenever constitutional signs of suppuration in that organ declare themselves. Without discussing the question as to whether or not it is possible to push trocars into the parenchyma of the gland without inducing mischief, I am by no means disposed to concede the point merely on the ground stated by Dr. Cameron—viz., that little pain follows the operation; because we know too well that the liver is not a very sensitive organ, and that deep-seated abscesses may exist in it without causing any suffering, until its capsule is involved. But admitting, for argument's sake, that an unsuccessful exploration is followed by no evil results, what may we look for when a trocar, more fortunately, as Dr. Cameron would deem it, reaches an abscess seeking discharge by the lung or bowel? Why, a direct communication will at once be established between the suppurating cavity and the external air, and the patient, by the officiousness of the surgeon, will be wantonly subjected to all the risks of the most unfavourable point of discharge, the route that gives the smallest proportion of recoveries of the three under discussion. More might be urged against the indiscriminate use of the trocar in hepatic abscesses if I were not afraid of trespassing too much on the space available for such discussions. The subject is one of great importance, and it is to be hoped that other physicians of large Indian experience may be induced to give their views on it. Meanwhile, it is hoped that what has been advanced in this communication may have some effect on the minds of young physicians, teaching caution in surgical interference except in cases of abscess clearly and unequivocally pointing to the surface.

I am, Sir, your obedient servant,

W. C. MACLEAN, M.D., Dep. Insp.-General,
Professor of Military Medicine, Army Medical School.
Royal Victoria Hospital, Netley, July, 1863.

THE REFORM OF BETHLEHEM HOSPITAL.

To the Editor of THE LANCET.

SIR,—You kindly permitted me, through your pages, to intimate my intention of bringing the question of the Reform of Bethlehem Hospital before the Association of Medical Officers of Asylums and Hospitals for the Insane at their annual meeting, held at the Royal College of Physicians, on the 9th instant.

The following resolution on the subject, which Dr. Conolly did me the great honour of seconding, was, after a long debate, carried without a dissentient:—

"That the members of this Association have viewed with especial interest the question of the removal of Bethlehem Hospital to a site more adapted to the present state of psychological and sanitary science, and affording enlarged means of relief to the insane of the middle and educated classes in impoverished circumstances; and that they desire to express their concurrence in the representations already made to the governors of that important institution by the Commissioners in Lunacy."

Will you further add to the favour already conferred on me in this matter the permission briefly to state the grounds on which I pressed the acceptance of this resolution on the Association?

I.—THE PRESENT CONDITION OF BETHLEHEM HOSPITAL.

(*a*) *The Governors, as a body, neglect their trust.*—Out of a number of about 300, some forty usually attend and transact the business, and the affairs of this great charity are administered by a clique of aldermen and common councillors with, of course, the usual City jobbery. "It is monstrous," said the Earl of Shaftesbury, in reply to a deputation, on the 16th of June, "that in a question of this importance the body of governors holding not a private but a public trust [fancy an alderman administering patronage on public grounds] should leave it to some thirty or forty of their members."

(*b*) *The revenues of the Hospital are inadequately applied.*—The income of the charity is £20,000 a year, and on the 1st of January, 1863, 201 patients only were maintained out of it, being at the rate of 38*s.* a week. This is 14*s.* a week in excess of the average cost of the lunatic hospitals in England; and, moreover, the accommodation and treatment at the Friends' Retreat, or at Cheadle, or at Coton hill, are manifestly superior to that offered at Bethlehem.

(*c*) *The numbers at Bethlehem are yearly diminishing.*—Although the patients are treated free of charge, the number of candidates is decreasing year by year. While I believe this to be the result, in a measure, of the objection the public entertain to Bethlehem, as compared by them with the new county asylums, it is also manifestly the consequence of the unjust and cruel policy of the governors of Bethlehem, who, apparently with the object of swelling their per-centage of cures (and which is yet low when this fact is borne in mind) refuse the relief of their charity to all cases of insanity of more than one year's duration, to those complicated with epilepsy and general paresis, &c. &c. "What a mass of human suffering (said Lord Shaftesbury in the House of Lords) is excluded by that rule! and the persons excluded belong to a class of insane who, perhaps, are in the most distressed condition and appeal most strongly to our compassion."

I would ask, Sir, by what authority the aldermanic clique, who rule Bethlehem thus cruelly, limit the work of mercy entrusted to them? Dr. Wood, at the meeting of the Association, stated that he had had the fortune to admit at St. Luke's, and to cure, a case refused at Bethlehem under this rule.

(*d*) *The failure of the Governors to form a school of clinical teaching of mental disease.*—London alone—despite this magnificent foundation—offers no teaching on insanity to her large medical school. Paris, Vienna, Edinburgh, with more modest means at their disposal, successfully prosecute the study of psychology. The President of the Association, Dr. Skae, stated to the meeting that he and Professor Laycock had each, in Edinburgh, a class of over twenty students. Dr. Conolly's teaching at Hanwell, as recorded in your pages, is still a source of information to the practitioner at lunacy. The rules, I admit, require the Resident-Physician of Bethlehem to "use his best exertions to render the establishment effective as a school for the study of insanity, and to give, during each term, a course of lectures;" but this practice has long been in abeyance, and on the recent voidance of the office by Dr. Hood's well-merited promotion, it did not suit the plans of the aldermanic clique to require the qualification of teaching (implying, of course, the confidence of the profession in his skill to teach) from the candidates whom they invited to assist at their pre-arranged election to the Resident Physicianship of this great charity.

(*e*) *The unfitness of the site of Bethlehem Hospital for the curative treatment of mental disease.*—You have already, Sir, so fully discussed this point, that I refrain from further touching on it. (See also *Journal of Mental Science*, July, 1863—"The Removal of Bethlehem Hospital into the Country.")

II. THE FUTURE BETHLEHEM HOSPITAL.

I turn, Sir, before concluding, to say a word of my hopes of the future for Bethlehem Hospital.

It was argued by one whose hereditary ties with Bethlehem Hospital in the thoughts of the past blinds his judgment of the shortcomings of the present, that to remove Bethlehem out of London is, perhaps, to found a successful middle-class asylum, but it is at the same time to destroy its character as a London hospital. This argument for a moment took with the meeting. Yet what and for whom is a London lunatic hospital designed I accept at once as the question whose solution should contain the future of Bethlehem.

A London lunatic hospital, to be of any service, must offer to its patients the remedial agents necessary for the cure of lunacy. I willingly stake my professional reputation on the assertion, that Bethlehem does not, in its present site, offer the means of curing lunacy; and the Association of Medical Officers of Asylums, by the adoption of my resolution, confirm my judgment on this question. THE LANCET has all along said the same.

Next, Bethlehem is not the London hospital for the insane poor, as St. Thomas's, for example, is for the fever-stricken poor; and herein, also, Dr. Monro's argument falls to the ground. The Legislature have, indeed, cared better for the insane poor of London than to confide them to the governors of Bethlehem. Hanwell, Colney Hatch, Wandsworth, and the new City of London Asylum at Dartford, are the hospitals for the lunatic poor of London.

Bethlehem is even now essentially a middle-class asylum; and it is in its adaptation to this purpose that its future, I trust, lies. Dr. Conolly's letter to the Commissioners in Lunacy most eloquently argues this point. Lord Shaftesbury, in the House of Lords, herein truly said, that the great want of the day are middle-class asylums, for the reception of patients above the condition of paupers, but whose families cannot afford to pay the minimum amount charged in the private asylums; and showed how, by a small charge of 3*s.* to 5*s.* a week, such patients might, to the number of 600, be made sharers of the benefits of reformed Bethlehem. "I think," added the noble Earl, "that the public have a right to ask from the governors of Bethlehem the full benefit of the magnificent revenue in their possession. The property of Bethlehem is public property, and the governors of the hospital are public functionaries. The hospital was founded with public money for public purposes, and if the public think it beneficial for the hospital to be removed into the country, the public has a right to decide that it shall be removed."

With this extract from the Earl of Shaftesbury's speech I bring my present remarks to a close. I have already trespassed on your space.

The great principles involved in this question are, I hold, quite independent of the accident of the present site of Bethlehem being thought suitable for the new St. Thomas's Hospital, or of whether £150,000 be a fair price for the site. An influential governor of Bethlehem told me, last Saturday, that he believed a much larger sum might be obtained by the public sale of the site. Let the charity, of course, have the full advantage of this fact, if such it be found. My arguments, if they are worth anything, point to a more complete reform of Bethlehem Hospital than any mere change of site can satisfy—a reform which, perchance, may result in transferring the control of this wealthy charity from the effete usurpation of the City aldermen, unequal to meet any requirements of the age, be it in the management of the police or of the great lunatic Hospital of Bethlehem, to the stronger and purer hands of a Government Commission.

Why should the Commissioners in Lunacy not have this trust confided to them?

I am, Sir, your most obedient servant,

C. L. ROBERTSON, M.B. Cantab.,
Editor of the Journal of Mental Science.

Hayward's-heath, Sussex, July, 1863.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your giving insertion to the annexed correspondence, which I regret to say gives no hope of any amelioration of the condition of the Poor-law medical officers this session. I am, Sir, yours &c.

RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, July 11th, 1863.

12, Royal-terrace, Weymouth, July 8th, 1863.

SIR,—On the 22nd of June I had the honour to forward to you, as the Chairman of the Select Committee on Poor Relief, certain documents which I desired might be laid before the Select Committee. May I ask the favour of your informing me if they have been received?—and, also, if they have been considered?—if not, when they are likely to be brought under the notice of the Select Committee? These documents I hold to be very important, as they not only contain a refutation of all the material points in Mr. Cane's evidence, but also prove that the present regulations for the medical relief of the poor require material changes before they can be made to approach anything like perfection; and, therefore, I trust they (the documents) will receive attention.

I have the honour to be, Sir, your obedient servant,

RICHARD GRIFFIN.

The Right Hon. C. P. Villiers, Chairman Select Committee Poor Relief.

Poor-law Board, Whitehall, July 10th, 1863.

SIR,—I am desired by Mr. Villiers to inform you, that the Select Committee on Poor Relief have taken no evidence in the present session; and also to return to you the documents which you forwarded to him on the 22nd ult., as the Committee will not sit again during the session.

I am, Sir, your obedient servant,

Richard Griffin, Esq. HUGH OWEN.

CASE OF TRIPLETS.

To the Editor of THE LANCET.

SIR,—As triplets in midwifery do not fall to the lot of many practitioners, perhaps you may consider the undermentioned case, which has lately occurred in my practice, worth recording.

On the 11th of April last, I was called up, about one o'clock in the morning, to go to the village of Bleadon, to attend in labour a poor woman of the name of Emma C——. Bleadon is situated about two miles from my residence, so that when I arrived at my patient's house it was very nearly two o'clock. She had given birth to a male child, about five pounds and a half in weight, more than hour, when I reached her; but two women, who were staying with her, told me they believed there was another child behind, as the size of her abdomen did not seem much, if any, diminished. On placing my hand on her abdomen, I at once coincided with the women that there still must be another child to come. I of course made an examination per vaginam, and felt, very high up, the membranes containing another child beginning to protrude from the os uteri. At that time I could not, with any degree of certainty, say what the presentation was; neither could I do so till about four o'clock in the morning, by which time I very easily discovered the feet presenting. By five o'clock, with only a trifling interference on my part, a female child was born, which would have weighed about six pounds. The abdomen now had not very materially diminished in size, and still remained very hard, so that I was convinced the uterus, even yet, had in it a deal more of something than the placentæ. I again made an examination, and found a something beginning to protrude from the os uteri. In the space of half an hour it had sufficiently advanced to satisfy me that another child was making its way feet first. I very soon was enabled to seize the feet of this, the third, another male child, of about six pounds' weight; and as the external parts were well expanded, from the births of the two previous children, I had no difficulty whatever in bringing it into the world. The hardness of the abdomen had now much given way, but its size was still very great, occasioned, in part, from two placentæ, and in part from a rather unusual quantity of blood the uterus contained.

In a few minutes after the birth of the last child the woman became very faint, her pulse being scarcely to be felt, and fearful hæmorrhage came on. I, therefore, found that it would not do to delay matters, having satisfied myself that the placentæ were still adherent. I at once introduced my hand into the uterus and removed the placentæ, and, as contraction of that organ did not immediately follow, I gave her a drachm of the liquor secalis cornuti (Curtis) in a little strong brandy-and-water. This afforded her temporary relief only, for the hæmorrhage continued, though in a less alarming degree, for an hour and a half from the time the last child was born. I gave her a second dose of the ergot, and continued the brandy-and-water till such time as I considered it safe to discontinue it, which was not till nearly three hours after the birth of the last child.

The woman's recovery has been protracted, on the whole, but I am now able to pronounce her (five weeks from the time of her confinement) well. The three children are all alive, and, as far as I am able to judge, likely to live.

It is as well I should remark, that the first child born—viz., that before I arrived,—from the statement of the women present, came into the world in the natural way. The protracted recovery of this woman cannot be much wondered at when two or three circumstances are taken into consideration. In the first place, her size, previous to confinement, was enormous; in the second place, her digestive organs had been much out of order for at least three months; and, in the third place, her mind had been long impressed with an idea that at the time of her confinement she should die. This last and most distressing idea arose, I think, in a great measure from her husband having been accidentally drowned about ten weeks before her confinement, whilst assisting in unloading a coal vessel.

I remain, Sir, your obedient servant,

WILLIAM FURNIVALL, M.R.C.S.

Hutton, near Weston-super-Mare, Somersetshire, 1863.

THE BEDFORD MEDICO-ETHICAL SOCIETY AND HOMŒOPATHY.

To the Editor of THE LANCET.

SIR,—As you have again done me the honour of introducing my name to the notice of your readers, I have to request that you will give the enclosed, together with this note, a place in your next issue. Making no use of "brass plates" myself, I must confess to a want of initiation into their mysteries. (I am aware, however, that they are composed of *brass!*) From this confession you will see that I am quite unfit to hold office, or even to become a member of a society (ethical?) which does not scruple to use my name without either my *knowledge or my consent!*

Your obedient servant,

The Grove, Bedford, July, 1863. G. WHARTON.

Mill-street, June 20th, 1863.

DEAR SIR,—Will you be good enough to see Mr. Graham, living opposite your house, this afternoon?

Whatever might have been said on a former occasion, I distinctly say that I do not practise Homœopathy.

I am, dear Sir, very truly yours,

To Dr. Wharton. JAMES COOMBE.

ARTIFICIAL LIMBS.

To the Editor of THE LANCET.

SIR,—I have purposely refrained from making any reply to Mr. Masters' letter until I could ascertain from Dr. Robson the distinction which exists between the artificial limb he has adopted and those ordinarily supplied; for, unless some new principle has been devised, I cannot see the reason for especially calling the attention of your readers to the subject in the manner which originally attracted my attention.

I feel assured you will agree with me that the mere modification of a general plan to suit the exigence of a special case cannot entitle any mechanician to the praise accorded to Mr. Masters, for if it did your columns would be filled with letters from those who had benefited by such a constant procedure.

On writing to Dr. Robson, and stating that the ordinary appliance consisted of a sheath for the stump, having an artificial foot attached to it by lateral ankle-joints, and usually, but not invariably, possessing in front an elastic band to represent the anterior muscles of the leg, and a cord behind fulfilling the function of the tendo-Achillis, he replied that, although he had never seen one of the legs I referred to, yet he could not discover any difference between mine and his. To quote his own words: "I have not seen one of the legs you refer to, but there does not seem much difference between mine and the one you refer to." He suggested that I should call upon Mr.

Masters, but my engagements have prevented me from so doing.

Having thus disposed of the novelty of the invention, I must trespass a little longer upon your indulgence by soliciting permission to write a few words relative to the false assertion made by Mr. Masters, that I was a competitor with him at the Great Exhibition, and failed to obtain a prize.

The real truth is, that having a spare corner in my case amongst the large collection of orthopædic inventions therein exhibited, I placed two small models of an artificial leg recently invented by Dr. Bly, of America, and entrusted to me for construction. These models of legs, however, I solemnly assert, were never examined by any member of the jury, my sole object being to render the contents of my case an illustration of the modern system pursued in the treatment of deformities, and not the plans adopted in the construction of artificial limbs. Had I done so, it would have been on a larger scale, when the sound anatomical principles embraced by Dr. Bly's invention would have entirely placed in the shade any and every limb in Mr. Masters' case. It must also be remembered that the only collection of artificial limbs shown, as well as Mr. Masters', received a prize, thus proving the incompleteness of his triumph over other competitors.

In addition I have only to add, that my case, as an entity, was rewarded with a medal, to disprove Mr. Masters' statement as to my being an unsuccessful competitor, and show that the victory of which he boasts only exists in his own imagination.

Having thus set myself right with your readers, I must decline any further correspondence with anyone so grossly perverting the facts as Mr. Masters has done.

I remain, Sir, your obedient servant,

Leicester square, July, 1863. HEATHER BIGG.

PRESERVATION OF VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—Permit me to advert briefly to the contents of Mr. Cripps's letter on the above subject in THE LANCET of the 11th inst.

The method of preserving lymph practised by Mr. Cripps—namely, by placing the lymph between two flat pieces of glass—was passed over in my second lecture on Vaccination, because I do not believe it to be a method "to be recommended," although, as I am quite aware, the method in question is, particularly in some districts in the country, largely employed. In the hands of those who, like Mr. Cripps, have been accustomed to use lymph preserved in this manner it may be to a certain extent unobjectionable; but I am quite certain it is not a plan to be recommended for universal adoption, being vastly inferior to the "tubes," and less certain even than the "points."

Mr. Cripps has drawn an incorrect inference as to that part of my lecture referring to the "insertion success" of various operators. The 84 per cent. of successful insertion spoken of by me does not mean 84 per cent. of *cases*, but of the total number of punctures made. I do not regard 84 per cent. of *cases* as a high per-centage of success. The best arm-to-arm vaccinators very rarely fail to vaccinate successfully 98 or 99 per cent. of *cases* at the first operation.

Further, any statement as to the numerical success of vaccination by particular practitioners should be accompanied by details as to the number of vesicles produced in each case, in order that we may be able to estimate the real degree of success met with.—I am, Sir, yours obediently,

Berkeley-square, July, 1863. GRAILY HEWITT, M.D.

ON IMPREGNATION.

To the Editor of THE LANCET.

SIR,—It is a well-known fact that queen bees lay female eggs first, and male eggs afterwards. Also, that if her conception be protracted beyond a lunar month from her birth, she will produce males only.

In the human female, conception in the first half of the time between menstrual periods produces female offspring, and male in the latter.

Numerous instances of females being "out" in reckoning the time of their parturition gave rise in my mind to a suspicion of the existence of some "law" as a cause; and from the frequency of a male child coming, I usually concluded and predicted that a late case was due to "an idle boy," and rarely failed in being right. The law above stated explains those irregularities; and its existence has been confirmed by a friend on whose testimony as to its being a fact implicit reliance may be placed.

That law of generation applies also to animals, and probably to all animated beings.

Whether regarded as applicable to produce a male or a female population, an heir or an heiress to a title or an estate, or a successor to a throne,—or to the incalculable advantages of breeding male or female stock, and ultimately rendering the whole feminine creation subservient to the necessities and will of man,—it must tend to raise our admiration of the Creator's power of regulating our existence by laws even more mysterious than those yet known to us.

Evidence of the universal existence of such a law, and of its applicability to the purposes of man in "affording a check to an overpopulating of the globe," counterbalancing the effects of war and emigration by raising a male population, in proportion to the demand, instead of females, and in breeding male instead of female flesh for the service and sustenance of our race, may be naturally expected in time, as its bearing among animated nature becomes understood and developed.

Hoping that this communication may serve to increase our physiological knowledge of uterine functions, I beg your permission to have it inserted in your scientific and valuable journal.

I am, Sir, yours obediently,

Wimborne, July, 1863. F. J. W. PACKMAN, M.D.

HEALTH OF THE LETTER-CARRIERS.

To the Editor of THE LANCET.

SIR,—In the ninth report of the Postmaster-General, under the head of "General Health of the Officers," the following sentence occurs:—

"The attacks of rheumatism and diarrhœa continue to diminish in number and in intensity, as they have done since the Macintosh capes have been discontinued to the letter-carriers, and since the supply of water from the pump belonging to the Goldsmith's Company has been stopped, and less impure filtered water supplied in its place."

It would certainly be very desirable to ascertain whether the improvement mentioned is due to the supply of pure water or to the wearing of the said capes. I should be glad to hear the opinion of anyone conversant with the subject.

I am, Sir, your obedient servant,

July, 1863. J. C.

THE CONSTANTINOPLE MATERNITY CHARITY IN HONOUR OF FLORENCE NIGHTINGALE.

(FROM OUR CORRESPONDENT AT CONSTANTINOPLE.)

FOR a very long time a necessity has been felt in Constantinople for the institution of some society or hospital for the relief of poor sick women and children during their illness, as it is proved that many more women and children die from diseases peculiar to them in this city than in many others in Europe.

Many propositions have, at various times, been made, but little success has attended them until two philanthropists, of European celebrity, came to Constantinople—viz., Sir Moses Montefiore and Dr. Hodgkin. The necessity having been pointed out to them, Sir Moses and his friend at once took an interest in the proposition, and subscribed liberally. A preliminary meeting was held on Monday, the 1st of June, at the Hotel of Missirées, in Pera, when it was determined to found, under the patronage of Lady Bulwer, the above-named institution, in honour of Miss Nightingale. The Rev. C. B. Gribble, the Chaplain to the Embassy, being present, was appointed the treasurer.

Several of the chief physicians in Constantinople have supported the idea for the foundation of this institution, which will bear the name of a lady who did so much at Scutari during the late war. Although it is possible that a sufficient fund may be found in this capital to carry on this praiseworthy undertaking, still, for its proper development, it is hoped that charitable persons in England will assist, by subscriptions, in carrying forward that which has been begun by the persons before referred to.

It may be remarked that at the present time there is no hospital for the reception of sick women and children in Constantinople, except the French, situate at Ferikieny, a long distance

from Stamboul, Galata, and Pera; and that during the past twelve months many women have died from diseases peculiar to them, and also many children.

† Pera, June 24th, 1863.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 10th inst.:—

Atkinson, Charles Stephen Abbott, Norwich.
Cooper, Frank William, Charing-cross Hospital.
Cooper, Horace, St. George's Hospital.
Eahelby, Douglas William, University of Edinburgh.
Gibson, Robert Edward, University College.
Huthwaite, Charles, Peachy-terrace, Nottingham.
Williams, Edward, St. Bartholomew's Hospital.

The following gentlemen also on the same day passed their first examination:—

Fothergill, Thomas Prince, King's College.
Hankins, George Thomas, Guy's Hospital.
Legg, John Wickham, University College.
Wearing, Allen, St. Bartholomew's Hospital.

The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 25th ult.:—

Butler, James, Great Bridge, near Birmingham.
Cox, Albert George, Crewkerne, Somerset.
Moore, Thomas, Wilmslow, near Manchester.
Thomas, Richard, Sarn Meyllteyrne.

The following gentlemen also on the same day passed their first examination:—

Grewcock, George, University College.
Shorto, William Burt, Charing-cross Hospital.
Snow, William V., University College.

N.B.—The Court of Examiners will meet on *Tuesday*, the 28th of July, instead of Thursday, the 30th; on which day there will be no examination at the Hall.—By order of the Court of Examiners, ALFRED M. RANDALL, Secretary.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following are the names of the candidates who passed the Major Examination, on the 15th instant, as Pharmaceutical Chemists:—Heinrich T. G. Borchert, Berlin; George Brown, Driffield; Michael Carteighe, London; William Fleeming, Wolverhampton; Thomas Kerfoot, Hyde; Francis C. Neve, London; Henry A. Peele, Durham; Charles Umney, Bedford; Thomas Wilson, Stowmarket.

THE BOLTON INFIRMARY.—Mr. J. Menzies has presented to the Bolton Infirmary a handsome clock, which is placed in front of the building.

ICE.—In St. Bartholomew's Hospital about one ton of ice is used every year in fever and other cases. What is the quantity of ice consumed in the other metropolitan hospitals?

ESSEX HALL ASYLUM FOR IDIOTS.—With the approbation of the Commissioners in Lunacy, a separate building has been provided for peculiarly afflicted cases.

SMALL-POX IN GREENOCK.—The deaths from small-pox in Greenock, during the month of June, were twenty-three; being one-twelfth of the total deaths in that town.

NORTHAMPTON LUNATIC ASYLUM.—A church, which has been recently erected in the grounds of the Northampton Lunatic Asylum for the use of the inmates, was opened for divine service on Sunday last.

THE ATLAS CHEMICAL WORKS, ROTHERHITHE.—On a summons being taken out by the vestry of the parish against the proprietor for the continuance of noxious manufactures at these works, Mr. Maude, the magistrate, has made an order for the abatement of the nuisance in seven days.

A DOSE OF PILLS.—Dr. Lankester has recently held an inquest on a man who, in three days, had taken no less than sixty-four of Morison's pills. A post-mortem examination by Dr. Ballard showed that the deceased suffered from disease of the heart. Verdict, "Death from natural causes."

ROYAL NAVAL FEMALE ORPHAN SCHOOL, ISLEWORTH.—The numerous friends of the late estimable Dr. M'William, R.N., F.R.S., C.B., will be gratified to hear that two of his orphan daughters (he left eight, ranging from three to sixteen years of age) have been elected pupils of the above excellent institution. Dr. M'William, both in public and private life, was an ornament to his profession. It would, indeed, be a reflection upon any charitable institution connected with us if it failed to recognise his eminent services. He was no common man; he devoted his energies and great abilities to the public service, and his children are entitled to the consideration not only of his profession but of his country. He survived calamities under which less energetic and athletic frames would have succumbed. He successfully steered the *Eclair* from the pestiferous coast of Africa single handed and alone. He died in harness, and in the service of his country. It is gratifying to record that his services in the cause of humanity are not forgotten; but that the offspring of such a man should have to appeal to public sympathy is not creditable to us as a nation. His widow and children should have received a provision from the State. Had he been a warrior instead of a preserver of human life, the claims of those who depended upon him might have obtained due acknowledgment from the Government, and it is melancholy to record that the dependants of such a man should have to rely for their just claims to consideration on public charity. The nation denies to the medical hero the munificence which it freely awards to the destroyer of human life.

SUFFOLK GENERAL HOSPITAL.—In order to supply the deficiency in the funds of this hospital occasioned by the outlay of £10,000 by the Building Committee, Lord Bristol has suggested a general appeal to the wealthy of the district, and has opened a subscription with a munificent donation of £500, in addition to the promise of an increased liberal annual subscription.

THE BRITONFERRY LUNATIC ASYLUM.—In consequence of the great increase of pauper lunatics at this asylum, pending the erection of the Glamorganshire Asylum, additional wards are being formed, and the licence is extended with regard to the number of admissions.

FEES FOR SURGICAL DEGREES.—The fees for the degree of Master in Surgery in the University of Cambridge, have been fixed as follows:—For those who have not taken any degree previously, £18; for those who have taken the degree of B.A. or M.B., £12; B.A. and M.B., £6; M.A., £1.

HEALTH OF SCOTLAND.—The rate of mortality which prevailed in Scotland during last month was unprecedentedly high. In the eight towns included in the Registrar-General's report, the deaths exceeded by more than 400 the average of the month of June in previous years.

ST. THOMAS'S HOSPITAL.—A meeting of the Governors of Bethlehem Hospital was held on Monday, at which it was stated that a deputation from St. Thomas's Hospital had waited upon them, to whom it was proposed that the Governors of St. Thomas's might have Bethlehem Hospital, either in exchange for a new hospital, to be built to the satisfaction of the Bethlehem Governors, or for a sum of £200,000, and that the deputation would recommend to the authorities of St. Thomas's to accept the proposal.

THE LINCOLN DISPENSARY.—A correspondent of the *Lincoln Gazette*, who is dissecting a recent report of the Lincoln Dispensary, says, that from the report it appears that five subscribers of one guinea each, recommended during the year no less than 836 patients to that institution. This is an illustration of the old adage, that philanthropy may, under certain circumstances, be a cheap virtue, particularly when exercised at the expense of the medical profession.

WORKING MEN'S TESTIMONIAL TO A SURGEON.—The services of Dr. S. T. Chadwick to the working men of Bolton have secured him their lasting esteem; and, as a testimonial of their gratitude, they presented to him, on Saturday last, a splendid full-length portrait, the cost of which was defrayed by small sums, from one penny to a shilling, contributed by no less than seven thousand three hundred and forty-one subscribers. A gratifying testimonial to a thoroughly deserving recipient.

THE LATE JOHN JONES, ESQ., M.R.C.S.—It is with feelings of unfeigned regret that we record the death of John Jones, Esq., surgeon, who expired at Derby on the 23rd ult. After a long professional career he has passed from us, lamented by the public and by a large circle of friends, more especially those of his own calling. Mr. Jones is perhaps best known to the profession at large by his warm advocacy of self supporting dispensaries. Encouraged by his friend Mr. Smith, of Southam, and aided by some of his fellow townsmen, he established, in the year 1830, the Derby Self Supporting Dispensary, and, as its senior medical officer, was connected with it until the day of his death. That the institution has been appreciated by

those for whose benefit it was established is shown by the fact that the average number of free members is considerably over 4000, and its prosperity and usefulness must be mainly attributed to the unwearied interest manifested therein by its zealous founder. In his character as a medical man Mr. Jones has left behind him an example well worthy of imitation. His candid and honourable conduct towards his professional brethren had won their highest confidence and esteem. With the strictest integrity he combined manners the most courteous and conciliatory. Free from all ostentation, a quiet but earnest Christian course marked his daily life; and whether socially or professionally, his one high aim and singleness of purpose were apparent to all who knew him. His medical attentions to the poor were beyond all praise. None ever applied to him in vain, and no considerations of personal fatigue or of unrequited service deterred him from promptly responding to their calls. In him they have lost an unknown friend, and the grief everywhere expressed for his loss is an undying tribute to his great worth.—*Derby Reporter*, July 3rd, 1863.

DROGHEDA QUARTER SESSIONS, JUNE 23rd: HORGAN *v.* FLYNN.—The plaintiff, W. C. Horgan, Esq., L.F.P.S. Glasg., of Drogheda, who had attended at the Court of Exchequer in Dublin as witness in an action brought against Mr. Flynn, now sued the defendant for his services at the rate of three guineas per day for six days' attendance, and for travelling and other expenses, amounting in all to £22 1*s*. The previous action between the parties was settled, the defendant agreeing to pay all expenses. The question now to be decided was whether Dr. Horgan attended professionally or as a witness to an ordinary matter of fact. The defendant paid £2 13*s*. into court, which, with 10*s*. previously paid, made £3 3*s*. for the six days' attendance; 6*s*. 6*d*. being allowed per day for railway fare, and the balance for hotel expenses. The jury found that the evidence was insufficient as to whether the plaintiff attended as a skilled witness or to give evidence on matters of fact, and that there was no contract on the subject. They gave for the defendant a verdict for £10, inclusive of the amount lodged in court, and that accompanying the subpœna.

ACTION OF SOLAR RAYS ON EXPOSED INTESTINES.—At the meeting of the Academy of Medicine of Paris on the 16th ult., M. Sappey read a report on a case of severe wound of the abdomen. The patient was a shepherd boy, aged eleven, who was gored by a bull, and to such an extent that the stomach, spleen, and a large portion of the intestines were protruding. Being far from any help, the poor boy lay for two hours with the viscera just mentioned exposed to the action of a broiling sun. Dr. Patry found the patient in this pitiable state; and, by dint of care and perseverance, the boy recovered. His medical attendant seized, however, upon this opportunity to watch the mechanism of vomiting, and found that the phenomena succeeded each other in the following manner:—Contraction of the diaphragm—vermicular contraction of the stomach, commencing at the pylorus and running from the latter to the cardiac orifice—forcing of the liquids contained in the stomach towards the œsophageal opening—energetic contraction of the œsophagus—involution of the stomach at every effort—dilatation of the cardia under the influence of the longitudinal fibres of the œsophagus—finally, filling of the latter canal by the liquids coming from the stomach, and vomiting.

THE APOTHECARIES' COMPANY OF IRELAND.—Mr. Bewley, of the firm of Bewley, Wans, and Co., Dublin, has given the handsome sum of £1000, to form the nucleus of a fund for the benefit of all members of the Apothecaries' Company of Ireland whom sickness and misfortune may render destitute. There are few acts of munificence that can be regarded as better timed or more worthy of commendation than that of Mr. Bewley.

BETHLEHEM AND ST. LUKE'S HOSPITALS.—The Commissioners in Lunacy, in their Report dated the 31st of March, and just issued, in alluding to the above-named institutions, make the following important remarks, which deserve being known extensively, especially among the governors of both charities:—

"We are glad to find (say the Commissioners) that there is now a fair prospect of effecting a removal of Bethlehem to a better site. We regard this proposition with the utmost satisfaction, being firmly convinced that, if well carried out, inestimable benefits will accrue to the occupants of the new building." Further:—"We desire to draw special attention, also, to extracts from a letter we have received from Dr. Conolly, setting forth the many advantages that would result from the removal of Bethlehem Hospital to a better site." "Whenever this most desirable step shall be accomplished, St. Luke's will be the worst situated, and externally the gloomiest lunatic hospital in the United Kingdom."

Should the executives of the respective metropolitan insane asylums thus condemned not profit by the strong language now quoted, they will incur great responsibility, and if they obstinately refuse to adopt such judicious suggestions, will subject themselves to much blame.

PROFESSOR SANDS COX.—At a meeting of the Board of Management at the Queen's Hospital, Birmingham, held on Friday, the 10th inst., W. Sands Cox, Esq., was unanimously appointed consulting-surgeon to the hospital. The Board made this appointment with the intention of conferring the highest honour in their power on Mr. Cox, at the same time highly eulogizing his services as the founder of the institution. We think that Mr. Cox fully merits the distinction conferred upon him; and it must be a source of gratification to all interested in the cause of philanthropy to know that his labours are appreciated by his fellow-townsmen. Few men have devoted themselves with more energy and devotedness of purpose to the interests of the profession and the cause of charity than Mr. Sands Cox. Had he been a Roman citizen he would have received a civic crown. The Athenians would at least have voted him a statue. Birmingham has made him a consulting-surgeon. Let him be consoled with the reflection that it had no higher honour to bestow on great services and generally acknowledged merit.

ROYAL INFIRMARY FOR DISEASES OF THE CHEST.—In consequence of the lease of the premises in the City-road, occupied by the Royal Infirmary for Diseases of the Chest, having expired, a new building is being erected in the immediate neighbourhood. It is expected that it will be completed in September.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JULY 11.—The deaths in London in the week that ended on Saturday were 1287. This return exhibits an increase of 100 deaths on that of the previous week; and it is also higher than any weekly number returned since the end of May. At the present time scarlatina is the most fatal of all the epidemic diseases, and the deaths from it in the week rose to 113, while those from diphtheria declined to 7. Small-pox was returned in 55 cases. Seven of the 55 deaths are stated to have occurred to persons who had been vaccinated, but it frequently happens in such cases that the evidence of successful performance of the operation is not much to be depended on. Diarrhœa has been increasing lately, as is usual in the summer months; and last week the deaths from it rose to 91. There were also 10 from cholera, chiefly "cholera infantum."

Births last week—Boys, 989; girls, 994. Total, 1983.

MEDICAL VACANCIES.

Leighton-Buzzard Union—Medical Officer.
Lincolnshire County Lunatic Asylum—Assistant Medical Officer.
Middlesex Lunatic Asylum—Assistant Medical Officer.
Reading Medical Dispensary—Resident Surgeon.

MEDICAL APPOINTMENTS.

T. ALLEN, M.D., late Assistant Medical Officer of the Lincolnshire County Lunatic Asylum, has been appointed by his Grace the Duke of Newcastle, on the recommendation of the Commissioners in Lunacy, Resident Medical Superintendent of the Lunatic Asylum at Kingston, Jamaica.

F. H. BATE, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for District No. 3 of the Ware Union, Hertfordshire.

S. BLAKELY, M.D., has been elected second Medical Officer for the Auchnacloy Dispensary District of the Clogher Union, Co. of Tyrone and Monaghan, in consequence of the ill-health of Dr. Scott, the first Medical Officer.

J. M. BRIGHT, M.D., of Forest-hill, late Resident Medical Officer to the Guildford and West Surrey Dispensary, has been elected Assistant-Surgeon to the Hospital for Women, Soho-square, vice Philip Barrowes, M.R.C.S.E., deceased.

W. S. BRAMLEY, M.D., has been appointed Assistant Resident Medical Officer to the Leeds Public Dispensary.

W. TILBURY FOX, M.D., has been elected Physician-Accoucheur to the Farringdon General Dispensary and Lying-in Charity.

J. P. GRAY, M.D., has been appointed Surgeon to the Constabulary of Stepaside, Kilgobbin, and Glencullen, Goldenball, Co. Dublin, vice T. J. Fox, L.R.C.S.I., deceased.

J. GREENE, L.R.C.P.Ed., has been appointed Medical Officer for the newly formed Sedgley District No. 2 of the Dudley Union, Worcestershire.

H. H. HAYWARD, M.R.C.S.E., has been elected Dental Surgeon to the Hospital for Consumption and Diseases of the Chest, Brompton.

O. JEPSON, M.D., Assistant Medical Officer to the Male Department of the Middlesex County Lunatic Asylum, Hanwell, has been appointed Resident Medical Superintendent of St. Luke's Hospital for Lunatics, London.

W. KEMM, M.R.C.S.E., has been appointed Visiting Surgeon to the Kingsdown Lunatic Asylum, Box, Wiltshire, vice G. W. Lyke, M.D., deceased.

J. J. M'DONALD, M.D., has been elected Medical Officer and Public Vaccinator for the Kilbeggan Dispensary District of the Tullamore Union, Co. West-

month, vice F. J. Davys, L.K.Q.C.P.I., appointed to the Swords Dispensary District of the Balrothery Union.

W. MOXON, M.R.C.S.E., has been elected Surgeon to the Royal Victoria Dispensary, Northampton, vice J. F. Gray, F.R.C.S.E., deceased.

G. H. BYLE, L.S.A., has been appointed Dispenser to St. Bartholomew's Hospital, Chatham.

H. G. SHEA, M.D., late of St. Thomas's Hospital, has been appointed House-Surgeon to St. Bartholomew's Hospital, Chatham.

J. SMITH, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the newly formed Sedgley District No. 3 of the Dudley Union.

W. WILLIAMS, M.D., has been elected President for the ensuing year of the North Wales Branch of the British Medical Association.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

R. S. BATESON, Assist.-Surg. in charge of the Umballah Jail, has been vested with the powers of a Magistrate under Sect. 23, Act XXV. of 1861, to be exercised within the precincts of the Jail.

A. BELL, M.R.C.S.E., Surgeon 76th Foot, has been appointed Surgeon to the 36th Foot, vice Jopp, who has exchanged.

R. F. BRIDGFORD, Assist.-Surg. R.N. Aug. 23rd, 1859, has been appointed to the "Cambridge."

F. BROUGHTON, F.R.C.S.E., Surgeon Bombay Army, has been promoted to Surgeon-Major.

C. L. CUNNINGHAM, L.R.C.S.E., Assist.-Surg. R.N. Aug. 4th, 1860, has been appointed to the "Wye."

R. E. FITZGIBBON, M.R.C.S.E., Staff Surgeon in charge of the Depôt at Poonamallee, has been directed to proceed to Burmah and take charge of the Head Quarters of the 3rd Batt. 60th Rifles at Thayetmyo.

J. G. G. GRANT, M.D., has been appointed Medical Inspector of Labourers, under Act III. of 1863 of the Lieut.-Governor of Bengal in Council, in Kaoshira.

R. HUMPHREYS, L.R.C.S.I., Assist.-Surg. R.N. April 23rd, 1856, has been appointed to the "Marander."

J. HUTCHINSON, M.D., Acting Assist.-Surg. R.N. Dec. 16, 1861, has been appointed to the "Euryalus" as Supernumerary.

J. JOPP, M.D., Surg.-Major 36th Foot, has been appointed Surgeon to the 76th Foot, vice Bell, who has exchanged.

R. KENDALL, M.R.C.S.E., has been appointed Civil Assist.-Surg. of Dinagepore, Bengal Presidency.

A. R. KILROY, M.R.C.S.E., Assist.-Surg. 33rd Foot at Bengal, has been appointed to the medical charge of the Batteries of the Royal Artillery at Belgaum.

C. C. LINTON, M.R.C.S.E., Deputy Inspector-General of Hospitals, retired upon full-pay from H.M.'s Indian Military Forces, has been promoted to the honorary rank of Inspector-General of Hospitals.

J. S. MARSHALL has been appointed Assist.-Surg. to the 1st Royal Lanarkshire Militia, vice Holt, resigned.

G. C. MEIKLEHAM, M.D., Surgeon 70th Foot, having completed twenty years' full-pay service, has been promoted to Surg.-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

C. MORRHEAD, M.D., Surgeon-Major retired on full-pay from H.M.'s Indian Military Forces, has been promoted to the honorary rank of Deputy Inspector-General of Hospitals.

R. E. PEARSE, Assist.-Surgeon Madras Service, has been appointed to act as Civil Surgeon at Calicut during the absence of Dr. Wyndowe on other duty, or until further orders.

J. C. PENNY, M.D., Assist.-Surgeon, officiating Superintendent of the Lahore Central Jail, has been vested with the powers of a Magistrate under Sect. 23, Act XXV. of 1861, to be exercised within the precincts of the Jail.

C. W. PICKERING, Surg.-Major Madras Service, has been appointed to act as Garrison Surg. of Bellary during the employment of Dr. Jackson on other duty, or until further orders.

W. PILE, M.B., Staff Assist.-Surg., has been ordered to do duty with the 101st Foot at Rawul Pindee.

W. H. REAM, M.D., 2nd Class Assist.-Surg. Madras Service, has attained the position of 1st Class Assist.-Surg.

W. ROSS, M.D., Surgeon R.N. Jan. 20th, 1855, has been appointed to the "Meeanee."

R. ROUSE, Assist.-Surg. 3rd Punjaub Cavalry, has been directed to afford medical aid to No. 1 Punjaub Field Battery, and to the 4th and 6th Punjaub Infantry, consequent on the departure of Assist.-Surg. A. Verchere, 4th Punjaub Infantry, to Cashmere on special duty.

H. S. E. SCHRONDER, M.D., Assist.-Surg. Army, has been promoted to Staff Surgeon, vice A. Morphew, appointed to the 1st West India Regiment.

G. P. SMITH, Assist.-Surgeon, has been appointed to do duty at the Presidency General Hospital, Bengal.

T. P. SMITH, M.D., Staff Assist.-Surg., has been ordered to do duty with the 101th Foot at Bareilly, Bengal.

G. W. J. SUTHERLAND, L.R.C.S.Ed., Assist.-Surgeon R.N. Jan. 17th, 1857, has been appointed to the "Rifleman."

F. TURNBULL, Surgeon 10th Bengal Native Infantry, has been directed to assume medical charge of the Jail Dispensary and Civil Station at Shahjehampore until further orders.

J. C. WALSH, M.R.C.S.E., Surgeon R.N. May 13th, 1848, has been appointed to the "Pembroke."

R. WHITTALL, Surg.-Major Bengal Service, has been permitted to retire from the service on a pension of £250 per annum.

Births, Marriages, and Deaths.

BIRTHS.

On the 28th of May, at Nynee Tal, the wife of W. Walker, M.D., officiating Inspector-General of Prisons, North Western Provinces, of a son.

On the 30th of May, at Bangalore, Madras, the wife of W. H. Jephson, M.D., 1st Dragoon Guards, of a daughter.

On the 5th inst., at Lymington, the wife of G. Ryding, M.D., of a son.

On the 6th inst., at Christ Church-terrace, Cheltenham, the wife of Dr. Robt. Bernard, Staff Surgeon H.M.'s Ship "Trafalgar," of a son.

On the 8th inst., at Stamford Villas, Fulham, the wife of Chas. Meller, M.D., of a daughter.

On the 8th inst., at Bath Villas, Junction-road, Upper Holloway, the wife of T. J. Baker, M.R.C.S.E., of a daughter.

On the 8th inst., at Burlington House, Oxford-road, Manchester, the wife of W. H. Cox, M.R.C.S.E., of a son.

On the 11th inst., at Undercliff Cottage, Wemyss-bay, the wife of Arthur Bell, M.R.C.S.E., Surgeon 36th Regiment, of a daughter.

On the 11th inst., at Upper Leeson-street, Dublin, the wife of M. Ryan, M.D., of a son.

On the 11th inst., at Whitehaven, the wife of J. Dickson, M.D., of a daughter.

On the 12th inst., at West-bank, West Calder, the wife of R. Mungle, L.R.C.S. Edin., Surgeon R.N., of a daughter.

On the 12th inst., at Bath-street, Glasgow, the wife of R. Grieve, Surgeon, of a daughter.

On the 14th inst., prematurely, the wife of R. C. M'Clement, Esq., R.N., H.M.'s Ship "Hawke," of Queenstown, of a daughter.

MARRIAGES.

On the 11th ult., at the Cathedral, St. John's, Antigua, Adam Nicholson, M.D., to Anna Mary, youngest daughter of the late Barnewall Jackson, Esq., of St. Vincent, and niece of Sir Wm. Snagg, Chief Justice of Antigua.

On the 4th inst., at Woodhouse, Leeds, J. W. Scarth, M.R.C.S.E., to Agnes, daughter of the late W. F. Duncan, Esq., of Park Villa, York.

On the 7th inst., at Norton, near Malton, Yorkshire, W. Wood, M.R.C.S.E., of Middleton, to Jane, daughter of J. Woffinden, Esq., of Croydon.

On the 7th inst., at Benwell, S. Fielden, M.R.C.S.E., of Shilden, Durham, to Jane, daughter of E. B. Reed, Esq., of Newcastle-upon-Tyne.

On the 7th inst., at Falkirk, W. Blair, M.D., of Denholm, Roxburghshire, to Jessie, daughter of the late J. Hardie, Esq., of Falkirk.

On the 11th inst., at St. Mark's Church, Regent's-park, J. Evans, M.R.C.S.E., of Upper Albany-street, to Jane, daughter of W. Eames, Esq., of St. Mark's-crescent, Regent's-park.

On the 14th inst., at All Saints Church, Prince's-gate, Robt. Edwardes, Esq., Surgeon R.N., to Juha Katherine, daughter of W. Rudall, Esq., of Montpellier-square, Rutland-gate, and Lincoln's-inn.

DEATHS.

On the 23rd of May, at Ahmednugger, East Indies, R. T. G. Catton, M.R.C.S. Eng., Assist.-Surg. 3rd Dragoon Guards, aged 26.

On the 28th ult., at Exeter, J. H. May, M.D., aged 39.

On the 1st inst., at Loches, near Tours, France, J. G. Morgan, M.D., formerly Physician to the North Devon Infirmary, aged 79.

On the 2nd inst., at Bradford, John Thomas, second son of John Foster, Esq., Surgeon, aged 6 years.

On the 3rd inst., at College-green, Towyn, T. L. Roberts, M.R.C.S.E., aged 30.

On the 6th inst., J. Irwin, M.R.C.S.E., of Whitehaven, Cumberland, aged 29.

On the 7th inst., at Tyne Croft, Gosforth, Cumberland, W. Thompson, M.D., aged 36.

On the 7th inst., at Sale, near Manchester, A. Wm. Close, F.R.C.S.E., late of Lower Broughton.

On the 9th inst., at Chard, Somersetshire, S. Ware, M.R.C.S.E., aged 64.

On the 10th inst., at Southampton, C. Pardey, M.D.

On the 12th inst., at West Ham, Essex, after a short and severe illness, F. H. Elinor, the wife of C. K. Lewick, M.R.C.S., of the above parish, aged 50.

On the 13th inst., at the residence of her son, W. Burke Ryan, M.D., of Bayswater, Mrs. Margaret Ryan, daughter of the late Conolly Burke, a descendant of the ancient family of the De Burghs of Clanricarde, aged 77.

BOOKS ETC. RECEIVED.

Dr. Struthers' Anatomical and Physiological Observations. Part II.
Mr. Ashton on Diseases of the Rectum.
How to Nurse the Sick.
Messrs. Ellis and Ford's Illustrations of Dissections. Part IV.
Dr. Brown-Séquard's Journal de Physiologie.
Report of Clinical Cases in the Royal Infirmary, Edinburgh.

Medical Diary of the Week.

MONDAY, JULY 20
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

TUESDAY, JULY 21
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEDNESDAY, JULY 22
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARK'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- LONDON HOSPITAL.—Operations, 2 P.M.

THURSDAY, JULY 23
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- WEST LONDON HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.

FRIDAY, JULY 24
- WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

SATURDAY, JULY 25
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

A Scotch Physician.—The notice to which our correspondent refers should have run thus:—The College of Physicians had obtained an Act of Parliament in 1858, which gave them increased powers. As the Medical Act, which subsequently received the assent of the Legislature, altered the position of the medical corporations, the College of Physicians did not find it necessary to apply for a revision of their Charter. The College of Physicians of London have initiated a liberal system, which, if carried out with discrimination, cannot fail to effect a material improvement in the education and status of medical practitioners. Under the present regulations of the College, it would appear that a licence to practise Medicine obtained from it would fully entitle its possessor to practise as physician and surgeon throughout the kingdom. It must be observed, however, that the law upon this point is by no means settled. The College assumes the right of completely educating surgeons for general practice. With the view of establishing this right, they have appointed Examiners in all the branches of Medicine and Surgery. This right, however, is not acknowledged by the College of Surgeons or by the Apothecaries' Company. The question is purely one of law, and can only be decided by the judges. Whatever may be the result of an appeal to the courts of law, it cannot be denied that the College of Physicians have, however tardily, taken a step in the right direction. They have succeeded at all events in separating the superintendence of the education of the surgeon in general practice from the control of a trading body. The Society of Apothecaries have done good in their time, and have no doubt, by their judicious regulations, forced upon the College of Physicians a course of action which in the end must be attended with beneficial results.

Student.—According to a late German chemist, pure sulphur may be rendered, by the addition of a small quantity of iodine, perfectly soft, and capable of being formed into thin leaves like wax.

M.R.C.S., (Durham.)—The case is noticed in another part of THE LANCET.

VACCINATION.

To the Editor of THE LANCET.

SIR,—Vaccination is a most important and vital question—one which at the present time floats above all others in the public mind with an absorbing intensity of interest which it has not experienced for many years, showing what a paramount necessity there is for it to be thoroughly ventilated, with the view that the sources of the supply of vaccine lymph should be drawn from healthy children; in one word, *pure*. Our present stock, I maintain, has terribly degenerated, and is not in the condition to be desired, unless we get it direct from an otherwise healthy cow, and transmit it thence with the greatest care and attention—in fact, we must carry ourselves back to the time of Jenner, and begin again with lymph procured from the original source before we can hope to put any faith in it as a prophylactic. No effort should be wanting in endeavouring by every means to procure a fresh stream of pure, undefiled lymph; for that which is at present in use is so polluted, so deteriorated in quality by the multiplicity of unhealthy children through whom it has flowed, that there is no certainty that it will have the salutary effect desired. The reason is clearly on account of the present slovenly way of carrying out public vaccination, than which nothing can be, in my opinion, so obviously erroneous, not only with regard to the Government stations, but the parish vaccinators. They have not the means of knowing the history of the family from whose child they take the lymph like the private practitioner, and parents who take their children would not permit themselves to be questioned and cross-questioned by the public vaccinator before a roomful of people as to any taint that may exist in either parent, whether hereditary or not; even supposing that the Government or parish vaccinators had the time, and felt disposed to exercise their right, to gain all the evidence they could with respect to the healthiness of the parents or the child, which they seldom if ever do, and if they did I venture to assert that they would never get the truth. The mother would never proclaim her shame, whether the fault be with herself or her husband, if the pollution was immediate through either the one or the other of them, and they have equally as great a dislike to let a stranger (as the public vaccinator generally is to them) know the history of their progenitors as to any hereditary disease they may possibly have lurking in their system. The consequence is that children are vaccinated, as a rule, without questioning; the lymph taken from them is transmitted to other children, by which they may have some hideous and loathsome disease in all its virulence sown in their system, the seeds of which will germinate and grow into those evils which might by proper care in the first instance have been avoided.

I will illustrate my argument by a case in point. The wife of a small tradesman, whom I have attended for years, had the misfortune during the time she was pregnant with one of her children to be afflicted with syphilis, communicated to her by her husband. I attended them both through this unfortunate affliction, from which, as far as one could judge by external appearances, they perfectly recovered. In due course the child was born, and presented here and there spots characteristic of the disease which the mother had been suffering from through the imprudence of the father. The child was touted for by the parish vaccinator to vaccinate. He did it without asking a single question, and from it took several tubes of lymph, and of course disseminated it with all its imperfections through a series of other children. I must add that both the parents of this child were scrofulous.

This is a very marked case among many others that have come under my own observation, or have been related to me by other practitioners. Had I vaccinated this child, I should never have thought of vaccinating other children from it.

In corroboration of my position, strengthened by, though not altogether founded on, this case, I may mention a case reported by Mr. Robt. B. Carter, of Stroud, of "Probable Vaccino-Syphilitic Inoculation." He states—"In August last my attention was called to a little girl, eleven years old, who presented the characteristics of inherited syphilis in a very marked degree. She was undersized and feeble, with misshapen extremities, earthy complexion, senile aspect, prominent frontal eminences, and depressed ossa nasi, giving to the face a peculiar look of concavity. Her teeth were dwarfed and haggy; the upper central incisors with marked crescentic notches. Her eyes had suffered severely from iritis and interstitial keratitis, and the lymphatic glands of the neck were enlarged. Altogether her appearance was so striking that no one conversant with the matter could have passed her in the street without observation. The parents of this child and her brothers and sisters are not only healthy, but are positively exceptional specimens of vigour and good condition. It is nothing to the purpose to say that the father is a magnificent animal, who will not admit having had any illness of any kind within his own memory. The mother is a robust, active woman, who has had no abortions and no ailments during pregnancy. The other children, taken collectively, form about as fine a family as I ever saw, and one of them is, I think, the finest child I ever beheld. The syphilitic one is the eldest, and the next, eighteen months younger, presents no trace of contamination. She is strong, well formed, active, with pretty features, good teeth, clear complexion, plenty of red blood, firm muscles, and well-shaped extremities—a general description that would apply to all the rest. The mother states that the eldest child was in perfect health, and as fine a baby as the others have been, until at between six and seven months old she was vaccinated. From that time forward she has never been free from a succession of syphilitic ailments, and before that time she showed no sign of anything amiss."

Having called in question the purity of the source of vaccine lymph, it will naturally be expected that I should be prepared to point out a better. I will therefore, with your kind permission, shadow out what has forcibly struck me would be a remedy for the evil. In the first place, every exertion should be made on the part of the profession to procure a fresh supply of lymph direct from healthy cows. In this the Government could render wonderful assistance through the Poor-law Board, by causing instructions to be given to every relieving officer in the country throughout the United Kingdom, especially in the dairy districts, to leave a printed notice with everyone who keeps a cow, requiring him or her to immediately make the Poor-law medical officer of the locality acquainted that a cow had the pock, whose duty it should be to visit and examine it (of course he should not be expected to do this without a fair remuneration), and when it was in a fit and proper state to take lymph from, he should charge as many tubes as he possibly could, and transmit the same to the National Vaccine Institution, reserving to himself a sufficient quantity for his own private use. From every healthy child that was vaccinated with this lymph, a supply should be taken, and sent to the National Institution, accompanied by a properly drawn up Government printed form, signed by the vaccinator, that all the conditions therein laid down had been faithfully fulfilled. I would make it compulsory on every medical man who vaccinated a healthy child, born of healthy parents, to send (post free to them) one or more tubes with the above certificate. The sanitary aspect of the locality should be particularly noticed in the certificate, whether it was a crowded neighbourhood, and how many of a family slept in the same apartment; for however free a child may be from hereditary taint, I consider no children should be vaccinated from any child whose place of residence did not come up to a healthy standard in every point of view; for it is impossible that the *physique* of a child residing in such neighbourhoods, with such other conditions as are invariably to be met with therein, can be of that nature as to engender healthy lymph. I would therefore on no account allow any child to be vaccinated from such children. In the next place, I would suggest that every medical man should be a public vaccinator, to be paid for by the parish wherein the child resided. I would do this for the reasons assigned above, that mothers prefer their own doctors to vaccinate their children (who are the most likely to know medically the history of the patient), and would not object to make them acquainted with their constitutional defects, when they would refuse to let the parish vaccinator know their secrets.

I cannot help thinking that if a plan similar to the above were carried out, we should not be long before we had a supply of lymph that was satisfactory in every respect. It may possibly be considered a roundabout way to get a supply; but, however paradoxical it may appear, it is oftentimes the most direct, as it would be in this case, at the same time the most legitimate, and it could be done at once by an order from the Privy Council. It may be said that many difficulties would arise in endeavouring to carry out the scheme of procuring the supply *de novo* in the manner I have sketched out; that obstacles might be thrown in the way, or that there are not a sufficient number of cows at any one time afflicted with the pock peculiar to them, and that consequently we should have to wait some considerable period before an ample supply could be procured. If such should happen to be the case, I would then, as a *dernier ressort*, have recourse to propagating it in the cow, in the manner adopted by Mr. Ceely, of Aylesbury, as well as by myself, which was published in THE LANCET some twenty-five years since, to prove the identity of the small- and the cow-pox—viz., by inoculating cows with human small-pox virus, and vaccinating children with the lymph produced in the vesicles of such cows.

Vaccination must not by any laxity of ours be brought into discredit. We must not remain apathetic on this momentous question, and go on vaccinating with matter that is effete when so much may be done to mitigate the evil. Vaccination from a pure source is fraught with everything that relates to the future, as to its being a preventive against, or as lessening the effect of, that fearfully pestilential disease, small-pox. The public have a right to expect that they are in a great measure safe from so direful a complaint, not only on account of its perilous nature, but that a limit should be put to the exuberance of the imagination, which the public are apt to indulge in when an epidemic is raging, from the effect of which they had been led to believe they were comparatively free; and if some effort is not quickly made towards procuring a healthy supply of this invaluable prophylactic, and placing it on a sound basis, a prejudice will be fostered against vaccination, which it is well should by every means in our power be prevented. Every precaution should be taken to preserve unimpaired this inestimable boon, almost the greatest that has ever been conferred on humanity.

I hope it will not be considered that I have unnecessarily assailed our present supply of vaccine lymph, or that I have sounded the tocsin without an adequate cause; but when anyone sees by every outward visible sign that things are not as they should be, I hold it to be next to criminal to be reticent, and that he is justified in sending forth and launching his views before the winds and waves of professional opinion. I fancy I can see breakers a-head, yet I hope I shall not become stranded or shipwrecked on this question. I cannot disguise my conviction, and I hope I have endeavoured to handle it as delicately as is consistent with the vast importance of the results that cannot but be anticipated by continuing to vaccinate from an impure lymph. I may be wrong; I may be too impulsive on this question. At any rate I am open to conviction, and should be but too happy to find that I am unwittingly alarmed. Nevertheless, right, truth, justice, and decency claim to be heard on this question of questions. As such I hope you will allow space in your world-renowned journal for it to be discussed on its merits, and you will oblige, Sir,

Your most obedient servant,

Piccadilly, June, 1863. H. HONSON RUGG, M.R.C.S.

MEDICAL PROVIDENT ASSOCIATION.

Mr. Robert B. Carter addresses to us a statement to the effect that he has called for five shilling subscriptions from those interested in the matter, to enable him to incur the further preliminary expenses incidental to the consultation of a practised actuary, who may prepare a well-considered scheme for the acceptance or rejection of the profession. Such subscriptions should be addressed to him, at Beeches Green, Stroud, Gloucestershire, and will be credited towards the first year's subscription of the respective senders, if the scheme be established.

L.R.C.P. Lond.—If he be not a physician, it is impossible to say what position he holds.

Dr. Shettle.—Two or three short papers will be inserted.

Querist.—Continued observation tends to show that the presence of trichinæ in the human body is more frequent than has been usually supposed. Infection by trichinæ is essentially owing to the use of food affected by the parasites.

L.M., (Kensington.)—Under the provisions of the Medical Act, the gentlemen named are entitled to all the rights and privileges of English practitioners.

ARTIFICIAL FORMATION OF FIBRIN.

To the Editor of THE LANCET.

SIR,—In your impression of last week I perceive a notice of a paper read by Mr. A. Smee, before the Royal Society, on the formation of fibrin by passing a stream of oxygen gas through albumen derived from blood, eggs, and gluten of wheat.

It may be interesting to many of your readers to know that albumen can be readily converted into beautiful specimens of fibrin by means of electricity.

On the 8th of June last I immersed some zinc and copper plates in pure albumen, obtained from the white of egg, and also some in a solution of albumen in distilled water, such solution previous to insertion of plates having been filtered through a double fold of blotting-paper. In both instances I obtained most satisfactory results, the albumen coagulating on the zincode, and under the microscope exhibiting perfect specimens of fibrin, as well as granular cells.

I was induced to try these experiments from a belief I previously entertained, that the coagulation of the blood was due to electric action—a belief which was strengthened by the fact of my having previously detected evidences of electricity in arterial blood by means of DuBois Reymond's galvanometer. I am therefore disposed to consider in Mr. A. Smee's experiment that the conversion of albumen into fibrin is not due to the direct effect of oxygen gas, but to electric action, set up by the union of oxygen with some one or other of the proximate principles of albumen; and this view I consider is confirmed by the opinion of Dr. Ireland, quoted in THE LANCET of the same date, on the "Influence of Ozonized Air upon Animals."

I have been conducting other experiments on the same principle, by acting on a dilute solution of the sap of various kinds of vegetable structure, which also, under electric influence, has been converted into perfect specimens of tissue, in every respect resembling the structure of the plant from which the sap was taken.

I am, Sir, your obedient servant,
Cann, Shaftesbury, July, 1863. R. C. SHETTLE, M.D.

Surgeon.—After all that has been said *pro* and *con*, we believe that the administration of chloroform is most safely undertaken through the medium of a properly constructed inhaler which regulates the existence of a uniformly weak atmosphere, or one of about four per cent., of chloroform. Upon the whole, too, the well-known instrument of the late Dr. Snow is about the most convenient for the obtainment of the above result.

Nemo.—No one likes to be made *game* of.

Adams Defence Fund.—We have received 21s. from Dr. J. Hall Davis towards this Fund.

Mr. W. Fergusson, (Bridlington.)—As far as we see, the answer of the Secretary of the London College of Surgeons is perfectly straightforward, and in accordance with the rules laid down. Perhaps, however, a special appeal might be made, and if any reasons for indulgence could be stated, no doubt they would receive kindly consideration.

Mr. Frederick Danford.—1. The fee allowed by law is 10s. 6d.—2. The case is one of hardship and injustice; but we fear there is no remedy for such a state of things so long as the present police regulations are in force.

PRACTICAL BENEFICENCE.

To the Editor of THE LANCET.

SIR,—Some friends of mine are disposed to take a large house and grounds, situate on a heath in Surrey, and to fit it up plainly for the reception of invalids of small means. They would give good wholesome food and roomy lodging for 10s. 6d. to 12s. 6d. a week. They believe at this rate it would be nearly, if not quite, self-supporting.

If your medical readers think such an establishment would be a boon to the middle classes, perhaps some of them will take the trouble to drop me a line to say so.

Yours truly,
Fitzroy Park, Highgate, N., July, 1863. LEWIS C. HERTSLET.

P.S.—Would it be desirable to have a better table at five or six o'clock, at say 5s. per week extra?

C. C. is no doubt very clever; but to render her abilities of service to the profession, she must not hide her light "under a bushel." She has the example of Miss Nightingale before her, and she could not be more usefully employed than by carrying out her benevolent intentions in lessening the many evils to which her sex is unfortunately exposed. If we may judge of her capacity from the letter which she has forwarded us, we cannot doubt that she would confer inestimable benefit upon society by taking up the cause of the overworked milliners and dressmakers. It would be worthy of a lady in her position to identify herself prominently with so good a work.

A Reader.—The information shall be supplied next week.

RUSSELL *versus* ADAMS.

THE following gratifying letter has been addressed to Mr. Adams, embodying a resolution passed at a meeting of the Yorkshire Branch of the British Medical Association. Something more than words, however, is needed. The Branches might well organize local subscriptions:—

"York, July 1st, 1863.

"DEAR SIR,—I have much pleasure in forwarding you the copy of a resolution which was unanimously adopted at the meeting of our Branch held in Sheffield on the 18th June—viz.: 'That this meeting desires to join in the general expression of sympathy with Mr. Adams exhibited by the profession throughout the kingdom, under the trying circumstances in which he has been recently placed, and that the Secretary be requested to convey the same to Mr. Adams.'—I am, dear Sir, yours very truly,

"To Wm. Adams, Esq." "GEO. HORNBY, Hon. Sec.

M. D. F. Z.—Such questions as those propounded cannot with propriety be answered in our pages. If our correspondent be really a Doctor of Medicine, it is to be lamented that he has failed to determine what should really be the answers to these questions. They are not *questiones vexatæ*, nor do they require to be submitted to a professional tribunal. If he were acquainted with the contents of any recognised work on Obstetricy, he would not have made inquiries which any medical student could answer.

Abraham Lincoln.—We know nothing of the results of the treatment, except those stated by the author.

R. H. D.—There is not the slightest ground for alarm.

INFECTION OF SMALL-POX.

To the Editor of THE LANCET.

SIR,—I shall be much obliged if you or your correspondents will kindly give an opinion in the following case:—

A gentleman, with a large family of children, is attacked with modified small-pox. He is at once removed to a separate house, and the whole family and servants are revaccinated.

Is there any rule to guide me in the length of time I should advise this gentleman to remain away from his family? Yours obediently,
July, 1863. BETA.

Dr. Shirliff, (Malaga.)—The London Surgical Home is for a class of sufferers who cannot afford to pay for the special treatment necessary at their own homes or in lodgings, and who yet shrink from a public hospital. The payments vary from 10s. 6d. to £2 10s. per week. For the latter sum the patient has a private room. The medical services are gratuitous, and there are no extras of any kind.

A Young Practitioner should style himself "Physician and Surgeon." He cannot obtain a degree without residence.

T. F.—The new dietetic treatment of recent albuminuria consists in the diminution of drink, a milk regimen, and the use of raw onions.

TRILLINE.

To the Editor of THE LANCET.

SIR,—In your impression of last week, describing the properties of some new remedial agents, and amongst them the Trillium pendulum for uterine diseases, you allude to the active principle *Trilline*, but you "are not aware that it has at present found its way into this country." We beg to say that we have it. Any gentleman who may wish to try its effects can be supplied with it. We are, Sir, your obedient servants,
Pont-street, July, 1863. BRADLEY AND BOURDAS.

Contagionist asks if true leprosy be not communicable? It is said that in a large majority of the reports forwarded to the Committee of the recent Government Inquiry on the subject of Leprosy, an opinion is decidedly and strongly expressed in the negative.

IN *Alpha* means by "primary," "anatomical," as understood at the College of Surgeons, the answer to his question is "No."

Dr. Charles Bell's communication shall be inserted next week.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Rymer Jones; Mr. Sargeant; Mr. Graham, (with enclosure;) Dr. Jepson, Hanwell; Dr. Williams, Worcester; Mr. Lewes, Llanelly; Mr. Macdonald; Mr. Davies, Wrexham; Mr. Noble, Lymington, (with enclosure;) Dr. Bolton, Leicester, (with enclosure;) Dr. Ashe, Castle Blayney; Mr. Hopgood, Chipping Norton, (with enclosure;) Mr. Marriott, (with enclosure;) Mr. Larkin, Albrighton; Mr. Whitmarsh, (with enclosure;) Dr. Morris, Measham; Mr. J. Forsham, (with enclosure;) Mr. J. Davies, Birmingham; Dr. Shettle; Mr. H. Evans, Blaenant, (with enclosure;) Mr. Dewar, Trowbridge, (with enclosure;) Mr. Warren, Tutbury, (with enclosure;) Mr. Hyde, Edinburgh; Mr. Eddowes, Shrewsbury; Dr. Robertson; Mr. J. B. Carter, Potter Newton; Mr. Wm. Fergusson; Mr. Danford; Mr. Laird, (with enclosure;) Mr. Parker, Bath; Dr. G. Wharton, Bedford; Dr. Foster; Mr. Goddard, Longton; Dr. Allen, Lincoln; Mr. Bayfield; Dr. Corry, Belfast; Mr. E. Bremridge; Mr. Bain, (with enclosure;) Dr. Land, (with enclosure;) Mr. R. B. Carter, Stroud; Dr. Savage, Woburn; Mr. Higginbottom; Mr. Griffin, Weymouth; Mr. J. Burnley; Mr. Hertslet; Dr. Allison; Mr. Barnes, Thaxted; Mr. Peel, (with enclosure;) Mr. Daniel, Wolverhampton, (with enclosure;) Messrs. Gillon and Co., Leith, (with enclosure;) Mr. Shepherd, Ramford; Mr. Reddrop, (with enclosure;) Mr. Ross, Knottingley; Mr. Stewart, Paisley, (with enclosure;) Mr. Bramley, Leeds; Mr. Virley, (with enclosure;) Messrs. Seton and Mackenzie, (with enclosure;) Mr. Summers, Banwell, (with enclosure;) Mr. Campbell, Belfast, (with enclosure;) Mr. O'Brien, Portobello, (with enclosure;) Dr. Gasco, Rome; Messrs. Bradley and Bourdas; Mr. Macnab; Dr. H. Osborn; A., (with enclosure;) H. J. L., (with enclosure;) R. L. D.; A Young Subscriber; Ladies' Sanitary Association; J. C.; W. S.; Spes; X., Bombay; M. D. Y. Z.; Beta, (with enclosure;) M.D.; &c. &c.

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Violett's Clarets; rail paid to any

station in England.—THOMAS NUNN and SONS, Wine, Spirit, and Liqueur Merchants, 21, Lamb's Conduit-street, W.C., beg to call the attention of the public to their excellent and varied STOCK of CLARETS, James Violett and Co.'s shipping:—Dinner Wines—good sound Medoc, 18s. per dozen; most excellent Bordeaux (strongly recommended), 24s.; St. Julien, 30s. and 32s.; St. Estephe, 36s. and 40s. Dessert Wines—Margaux, 44s. and 50s.; very superior Cantenac Margaux, in fine drinking order (1857), 56s. and 63s.; Lafitte, Larose, and Latour, 72s., 84s., 96s., and 110s. Priced Lists on application. Established 1801.

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SUPERIOR GOLDEN SHERRY,

of soft and full flavour, highly recommended, at 36s. per dozen. Good Dinner Sherry, 24s., 30s.; high-class Pale, Golden, or Brown Sherry, 42s., 48s. Port from first-class Shippers, 36s., 42s., 48s., 60s. Hock and Moselle, 36s., 42s., 48s., 60s., to 120s.; sparkling Hock and Moselle, 60s., 66s., 78s. Fine Old Sack, rare White Port, Imperial Tokay, Malmsey, Frontignac, Constantia, Vermuth, and other rare Wines. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen.

On receipt of post-office order or reference, any quantity, with priced list of all other Wines, will be forwarded immediately by HEDGES & BUTLER, 155, Regent-st., London, W.; and 30, King's-road, Brighton.—Originally established A.D. 1667.

Diabetes. — Blatchley's Bran Cakes

and BISCUITS, prepared according to Dr. CAMPLIN'S prescription, (see "Camplin on Diabetes.") The Bran used by E. Blatchley is carefully prepared, rendered free from starch, and finely ground by steam machinery.

The prepared Bran for making the above may be had in any quantity of E. BLATCHLEY, Confectioner, 362, Oxford-street, three doors from the Pantheon. Established 23 years.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Camplin, (see "Camplin on Diabetes and its Successful Treatment," 2nd edit. p. 86,) and strongly recommended by many eminent physicians and surgeons, are prepared by J. C. DONGES, late T. SMITH, Biscuit Baker, Gower-st. North, Euston-square, W.C. J. C. D. supplies the University, King's College, Guy's, St. George's, Middlesex, Bath, Bristol, Nottingham, Leicester, Chichester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—DONGES' IMPROVED NURSERY BISCUITS, 8d. per lb.

Diabetes.—Almond Bread & Biscuits.

A new kind of Food for Diabetes. Manufactured and sold by W. HILL, 61, Bishopsgate-st., London.—*Extract from* Dr. PAVY'S Work on "Diabetes": "Mr. Hill has succeeded in producing a form of Biscuit which gives me good cause to hope that the Diabetic will find in this application of the Almond a not unimportant nor unpalatable accession to the limited list of articles he is permitted to consume." — "Dr. Pavy has lately invented, as a substitute for wheaten bread in Diabetes, an 'Almond Food' in the shape of Biscuits. Its sole ingredients are eggs and blanched almond powder, freed from gum and sugar. It keeps well, and, to our own taste, is far more palatable than either of the ordinary substitutes." ("Medical Times," Oct. 25, 1862.)

The Biscuits, in boxes of 2 lb. each, 4s. 6d. per box; Almond Bread, in ½ lb. cakes, 1s. each. All orders must be accompanied by a remittance.

Consumption, Diabetes, and General

DEBILITY.

BOURCHARDAT'S GLUTEN BREAD, CHOCOLATE, SEMOLA, AND INVALIDS' AND INFANTS' FOOD.

"Wherever the body is ill-nourished, whether this depend upon defective assimilation, or more particularly on exhaustive diseases, the free use of gluten will prove of great service."—THE LANCET, Feb. 28th, 1863.

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VAN ABBOTT & CO., Dietetic Depôt, 5, Princes-street, Cavendish-square W.

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Brown & Polson's Patent Corn Flour.

In Packets 8d., and Tins 1s.

Being free from any admixture, prepared from the best quality of maize, it is generally recommended by the Faculty as preferable to the highest-priced arrowroot. It is warranted to keep sweet for years in any climate; and for family use may be obtained in 7 lb. and 14 lb. tins, without extra cost.

It is much esteemed as a light summer diet.

The Natural Wines of France.—

J. CAMPBELL, Wine Merchant, 158, Regent-street, recommends attention to the following CLARETS, selected by himself on the Garonne:—Vin de Bordeaux (which greatly improves by keeping in bottle two or three years), 20s.; St. Julien, 22s.; La Rose, 26s.; St. Estèphe, 36s.; St. Emilion, 42s.; Haut Brion, 48s.; Lafitte, Latour, and Chateau Margaux, 60s. to 84s. per doz. J. C.'s experience and known reputation for French Wines will be some guarantee for the soundness of the Wine quoted at 20s. per dozen.

Note.—Burgundies from 36s. to 54s.; Chablis, 26s. and 30s. per dozen. E. Clicquot's finest Champagne, 66s. per dozen.—Remittances or town references should be addressed James Campbell, 158, Regent-street.

Marshall's Hungarian Brandy,

certified by the celebrated Analysts, Dr. Hassall, Professor Way, &c. &c., "equal to the finest Cognac" and the "purest spirit" hitherto imported; hence its efficacy when administered medicinally. Of all retailers, in single bottles, 3s. 8d. each, capsuled, labelled, and cork-branded, "J. G. Marshall," Sole Consignee. One-doz. cases, 42s. (carriage paid).—Depôt, 114, Aldersgate-street, City.—The public is cautioned against spurious articles advertised under a similar designation.

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v. COGNAC BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d., at the retail houses in London; by the agents in the principal towns in England; or wholesale, at 8, Great Windmill-street, Haymarket. Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

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Always in good condition, in 18-gallon Casks, Bottles, Half-bottles, and Imperial Pints.

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Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

LONDON	At 61, King William-street, City.
LIVERPOOL	At Cook-street.
MANCHESTER	At Ducie-place.
DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

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